

State of Delaware



CHILD AND FAMILY SERVICES PLAN

2019 ANNUAL PROGRESS AND SERVICES REPORT

**DELAWARE DEPARTMENT OF SERVICES FOR CHILDREN,
YOUTH AND THEIR FAMILIES**

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Table of Contents

I.	General Information and Collaboration	5
II.	Update of Assessment of Performance	10
	Context Statistics	10
	National Standards	11
	Safety	11
	Permanency	11
III.	Update to the Plan for Improvement and Progress Made to Improve Outcomes	16
	Revision to the Plan for Improvement (2015-2019 CFSP)	16
	Implementation Supports	16
	Update on Progress Made to Improve Outcomes (2018 CFSP Progress Report)	16
	<i>Safety</i>	17
	<i>Permanency</i>	33
	<i>Well-Being</i>	46
	<i>System Supports</i>	59
	Feedback Loops	62
IV.	Update on Service Description	62
	Stephanie Tubbs Jones Child Welfare Services Program -Title IV-B, subpart 1	62
	Promoting Safe and Stable Families Program (PSSF) -Title IV-B, subpart 2	62
	Populations at Greatest Risk of Maltreatment	62
	Services for Children Under the Age of Five	62
	Services for Children Adopted From Other Countries	67
V.	Statewide Community Service Partner Updates	67
	Internal Partners	67
	Community Partners	90
VI.	Program Support	102
	DFS Training FY2018	102
	Office of Evidence-Based Practice	108
	Technical Assistance, Capacity Building, Infrastructure Support	109
VII.	Consultation and Coordination Between States and Tribes	109
VIII.	Monthly Caseworker Visit Formula Grants	109
IX.	Adoption and Legal Guardianship Incentive Payments	110
X.	Child Welfare Waiver Demonstration Activities	110

XI.	Quality Assurance System	110
XII.	Child Abuse Prevention and Treatment Act State Plan Requirements and Update	111
XIII.	Chafee Foster Care Independence Program	118
	National Youth in Transition Database (NYTD)	118
	Collaboration with Youth and Other Programs	118
	Consultation with Tribes	118
	Education and Training Voucher Program	119
XIV.	Updates to Targeted Plans within the 2015-2019 CFSP	119
	Foster and Adoptive Parent Diligent Recruitment Plan	119
	Health Care Oversight and Coordination Plan	120
	Disaster Plan	121
	Training Plan	121
XV.	Statistical and Supporting Information	126
	Information on Child Protective Service Workforce	126
	Juvenile Justice Transfers	128
	Sources of Data on Child Maltreatment Deaths	129
	Education and Training Vouchers	129
	Inter-Country Adoptions	129
	Monthly Caseworker Visit Data	129
XVI.	Financial Information	130
	Payment Limitations – Title IV-B, subpart 1	130
	Payment Limitations – Title IV-B, subpart 2	130
	FY 2016 Budget Request – CFS-101, Parts I and II	130
	FY 2014 Title IV-B Expenditure Report – CFS-101, Part III	130
XVII.	Grant Applications	130
	Child Abuse Prevention and Treatment Act	131
	Stephanie Tubbs Jones Child Welfare Services	132
	Promoting Safe and Stable Families	135
	Monthly Caseworker Visits	142
	Chafee Foster Care Independent Living Program	143
	Education and Training Vouchers	157

XVIII. Attachments

State of Delaware CFSP 2019 Edition Final	16
2015-2019 CFSP Federal/Child and Family Services 5 year Plans 2-15-2019	62
Staff Training Chart 2019	103
Enrollment Summary Reports – Pre-Service Training FY2018	103
Online Completion Report – In Service Training FY2018	104
Enrollment Summary Reports – In-Service Training FY2018	104
DFS New Worker Training FY2018	104
Evaluation Reports – Pre-Service Training FY2018	105
Evaluation Reports – In Service Training FY2018	105
DFS Midpoint Evaluations FY2018	105
DFS System Evaluations FY2018	105
Institutional Abuse Statistics January 2017 – December 2017	111
A.I. DuPont Hospital for Children – Emergency Department, Division of Family Services, January –December 2017 Statistics	111
Annual Reporting of Education and Training Vouchers Awarded – Federal Attachment E	119
Foster Care Marketing Recruitment and Retention Plan	119
Delaware Emergency Procedures – April 2018	121
CFS 101, Part I, II, and III PDF	
CFS 101, Part I, II, and III Excel	

2019 Annual Progress and Services Report

I. General Information and Collaboration

This is the fourth annual report for Delaware's 2015-2019 Child and Family Services Plan (CFSP) approved November 17, 2014. The Division of Family Services (DFS) of the Department of Services for Children, Youth and Their Families (DSCYF) is the child welfare agency for Delaware (DE) and the primary author of this annual progress report.

As a continuous quality improvement activity, DFS held an annual stakeholder meeting March 26, 2018 to present program accomplishments and priorities, review performance measures and gather stakeholder input to inform the coming year's strategic planning. DFS also aligns the Child and Family Service Review (CFSR) Program Improvement Plan (PIP) with the CFSP. Ninety-six stakeholders were invited, including Court Improvement Program (CIP), Office of the Child Advocate (OCA) and Chief of the Nanticoke Indian Association. Fifty-one stakeholders attended representing community service agencies, advocates, Department of Justice, Family Court, Administration for Children and Families Region III, foster parents, supervisors, caseworkers and aged out foster youth. The Division of Prevention and Behavioral Health Services (DPBHS) and the Division of Management Support Services (DMSS) were represented. Family Service regional administrators and program managers were in attendance. The DFS Director and Deputy Director also participated. The agenda included a review of the agency's mission and vision, guiding principles, contextual data, population statistics and performance measures. The group provided input on child welfare strengths and areas of concern. Comments and suggested edits to the CFSP-2019 edition were accepted until April 27, 2018.

Stakeholders made the following comments on strengths and worries at the March meeting:

Strengths

- Child Abuse and Neglect Panel case reviews indicate safety agreements being implemented and reviewed timely.
- Absence of Maltreatment measure has improved.
- Low foster care re-entry rate.
- Children are not maltreated in foster care.
- Team Decision Making (TDM) meetings continue.
- Relative and non-relative supports have increased.
- Safety plans, TDMs add another protective adult in the home.
- Agency and community are aware of the areas of concern and working to make improvements, e.g., requesting new positions to ease high case and workloads.
- Across systems, we are seeing a bigger picture of child welfare outcomes.
- Success of Family Assessment and Intervention Response (FAIR) results in a decrease of older teens in care.
- Community awareness of child abuse is rising seen in rising report line calls.
- Delaware has a strong commitment to youth not only in the Department but in the community as well.
- The new FOCUS (For Our Children's Ultimate Success) information system will assist in better programming for youth in care.

- Delaware has strong well-being measures.
- Screening of foster children that need to be screened is 100%.
- Improving family engagement.
- Foster care community agencies do a great job taking care of children and partnering with the state agency.
- Foster parents try to work with other foster parents.
- Seventy-seven percent of foster families adopt children - children can stay with one forever family.
- Strong public-private partnerships committed to good outcomes for children and families.
- Community partners share programming and resources.
- Governor recognizes the increased caseload and recommended new positions.
- FOCUS is a resource to help programming across the board; activated without crashing.

Worries

- Accurate foster child leveling could improve with foster parent input after the initial leveling.
- Child abuse and neglect report line receives calls not relevant to DFS; the agency should consider an automation system that lists resources before they get through, e.g., mental health and truancy contacts. Add public service announcements clarifying mandated reporting.
- Increasing number of foster children strains available resources.
- DE has increased rates of opiate dependency.
- TDM meetings have low rates of child participation in the current stats; consider changes in reporting that provides age and circumstance detail; try to get the child's voice in the meeting.
- Out of home placements are increasing; expand and improve differential response to prevent out of home placements. Would like to see it expand to different groups or conditions like substance exposed infants and domestic violence.
- With the increase of infants with prenatal substance exposure and families with substance use disorders, many foster parents are questioning how many visits these families are going to have with these newborn children. Foster families worry when they transition home.
- Concern that children transition home safely when there are few contacts and little supervision. Foster parents receive short notice they are leaving. Children transition to a home they do not know.
- Would like to see more contacts between parents and their young children.
- Add more contacts between workers and the parents. Foster parents want to know the worker is visiting the home.
- Sometimes judges send children home against agency recommendations. Can be very discouraging to worker and foster parent.
- Ice Breaker meetings are not occurring often enough; foster parents want to meet the biological parents.
- Add Ice Breaker meetings to transition children back to the family.
- Foster youth graduation rates are too low as are rates of school attendance compared to non-foster youth.
- Caseworkers can improve rapport with foster children with more frequent visits.
- Caseworker visits should occur more than once per month.

- Caseworkers do not return calls from foster children and youth.
- Expectations of foster parents need to be clearer to foster parents and caseworkers to meet the needs of children. Hold foster parents and workers accountable.
- Foster parents are not properly screened.
- Foster parents of all levels should have the same training - Level 1 to Level 5. Training should not be different for different agencies.
- Foster parents receive requests for information at the last minute from caseworkers. Suggest using forms to provide child status updates.
- Private agencies are more involved at times than DFS.
- Foster parents feel disconnected from workers.
- System is feeling overburdened at this time with high report line calls, high investigations and high worker burnout and turnover.
- Can't keep new workers in positions.
- High turnover and staff moving into new positions creates challenges.
- Family First Act will have negative impact on congregate care.
- Recruitment for foster parents is low and existing resources are at capacity. Depending on the child's behavior, there is a concern for safety of the foster parents and children.
- State resources are limited in meeting multiple levels of need. All the systems are over taxed. We don't have the resources to meet the trauma and the needs of the children coming into care.
- Several foster children have stayed in the agency office overnight.
- Too many antipsychotics are prescribed to children.
- Foster children are traumatized, but may not look like "PTSD"; need to find ways to work with children who don't fit in these mental health categories.
- Foster parents are not getting information about changing parental conditions and case planning.
- The workload study will return recommendations that can't be implemented.
- Seems to be an increase in parents refusing to pick their children up from inpatient stays. There is a conflict between the parent and the services offered. Parents feel there are safety concerns and child still at risk but professionals disagree.
- Need to improve interdivisional collaboration when planning and delivering services to multi-agency children.
- Ivyane Davis Scholarship is no longer available and reduces post high school education supports for foster youth.
- Stakeholder suggestions and recommendations are not addressed.
- The system does not hold parents accountable; children and foster children have more services and supervision.
- Child welfare professionals at high risk of secondary trauma and burnout.

Another collaborative planning strategy is seeking input from foster youth. Comments about youth services obtained at the May 16, 2018 convening of the Youth Advisory Council (YAC), attended by 18 youth, are below:

Strengths

- Safe living environment.
- DFS worker makes appointments on time.
- DFS worker is patient, understanding, supportive, generous, confident and unique.
- DFS worker makes sure my basic needs are met.
- There are more opportunities to be independent.
- There are more supports available to foster youth.
- Good match with my foster family.
- YAC is a good resource for foster youth.

Worries

- Summer and fall stipends are too small to meet my needs.
- Too few contacts with my caseworker.
- Too few male caseworkers.
- Caseworkers are late to appointments, don't answer phone calls and act like they don't care.
- My opinions are not directly asked.
- YAC meetings could improve by adding more youth oriented activities and presenters; avoid adult presentations.
- Youth stakeholder comments are not taken seriously.
- Not enough family contact and my opinion is not heard.
- DFS workers don't communicate with other workers.
- Getting a driver's license is too hard.

Parents receiving contracted differential response, Family Assessment and Intervention Response, complete a survey. This information informs the agency's strategic planning process. FAIR parents rated domains on a scale from 0 (Poor) to 4 (Excellent) for CY2017. The results from 33 families are:

- Staff Friendliness – 3.9
- Staff Helpfulness – 3.9
- Staff Professionalism – 3.9
- Overall Experience – 3.8

Parents also responded to two questions:

- Did the service start on time? 100% agreed
- Did the family get what they needed? 98.85% agreed

Stakeholder comments follow these broad themes: communication and contacts, staff workload and turnover, family engagement, child and family resources and foster care services. These themes are aligned with CFSP practice and system initiatives to strengthen assessment, planning and service delivery, expand family engagement, improve timely permanency achievement, recruit foster families, provide quality foster parent training, improve collaboration among partners on case and system levels, and reduce case manager workloads. Implementation of a new information system facilitates case activities and system monitoring. Providing supports to prepare older youth for adulthood continues to be a priority. DFS assumes responsibility for distribution of Education and Training Voucher funds as the Child Placement Review Board closes.

During this reporting period, Delaware implemented a Child and Family Services Review (CFSR) Program Improvement Plan (PIP). The Administration for Children and Families approved the PIP May 3, 2017 with an effective date of April 1, 2017. The plan contains 65 activities under 20 strategies to address these areas needing improvement:

- Priority 3 investigation timeliness
- Assessing safety in treatment cases
- Establishing and working towards timely permanency goals
- Foster parent recruitment targeting sibling groups
- Consistent notice of hearings to caregivers
- Children's physical and dental health services and documentation
- Quality Assurance case review system
- Child welfare supervisor training
- Private agency foster parent training
- Service array
- Family engagement in assessment, planning and placement activities; targeting intact families and fathers

In preparing the Annual Progress and Services Report (APSR), DFS shares writing and editorial input with over 30 agency and community partners. Internal contributors for the FFY2019 APSR include representatives from DFS, the Division of Youth Rehabilitative Services (DYRS), Division of Prevention and Behavioral Health Services (DPBHS), Division of Management and Support Services (DMMS) Interstate Compact Unit and Center for Professional Development and Office of Child Care Licensing (OCCL). External contributors are Court Improvement Program (CIP), Court Appointed Special Advocate Program (CASA), Office of the Child Advocate (OCA), Children's Advocacy Center (CAC), Prevent Child Abuse DE (PCAD) and Division of Public Health (DPH). Section III, Update on Progress Made to Improve Outcomes and Section V, Statewide Community Service Partner Updates document collaborations and shared activities to implement the CFSP.

Considering these comments and remarks, DFS proposes these priorities for the coming year:

- Implement the CFSR PIP strategies and activities
- As indicated in both the CFSR PIP and CFSP, implement the federal On-Site Review Instrument (OSRI) as the in-home and placement case review tool
- Develop and implement a continuous quality improvement plan
- Continue to implement, train and promote Safety Organized Practice (SOP), Structured Decision Making® (SDM®), differential responses to reports of abuse and neglect, Team Decision Making (TDM), family search and engagement, and timely permanency strategies
- Strengthen the array of services for challenging foster youth, especially those served by multiple Divisions
- Fully implement the automated case management system FOCUS
- Continue implementation of protocols and standards for oversight of psychotropic medication administered to foster children
- Promote Trauma Informed Care through DSCYF training and communications

- Implement policy, provisions and operations for plans of safe care for substance-exposed infants
- Continue collaboration with community partners in implementing and monitoring goals and activities of the CFSP and CFSR-PIP through quarterly Child Protection Accountability Commission (CPAC) meetings, CPAC committee meetings and the CFSP annual stakeholder meeting. Family Court, private foster care providers and health care representatives are involved in CFSR-PIP activity implementation and monitoring.

DFS is reporting progress of the 2015-2019 Strategic Plan goals, benchmarks and measures. The edited 2019 version is attached and effective July 2018.

Delaware's Annual Progress and Services Report, Child and Family Services Plans and Child and Family Services Review are accessible at this web address:

http://kids.delaware.gov/fs/fs_cfs_review_plan.shtml Annual Reports are posted upon Administration for Children and Families' approval. State contact is Keith Zirkle, Division of Family Services, 1825 Faulkland Road, Wilmington DE 19805; 302.633.2709; james.zirkle@state.de.us

II. Update of Assessment of Performance

Context Statistics

Delaware's child welfare scope of service and achievement of outcomes correlates to the population served. For context here are some statistics describing the current population. DFS received 20,389 reports of abuse, neglect and dependency referrals in SFY2017 and, screened-in 8,472 or 42% of those reports. Compared to SFY2016, the number of reports received decreased by 2%, while the number screened-in decreased by 5%. Of all cases investigated 1,120 or 13% were substantiated, a decrease of 11% over the number of cases substantiated in SFY2016. In SFY2017, a total of 2,541 families and children received treatment services compared to 2,475 in SFY2016, an increase of 2.6%. The average monthly placement (DFS out-of-home care) population in SFY2017 was 775, an increase of 7% from the SFY2016 average of 725. Four hundred and ninety (490) children entered initial DFS placements and 427 children exited placement in SFY2017. There were 1176 children who spent at least one day in foster care. This was a 7% increase from the 1104 children in who spent at least one day in foster care during SFY2016. At the end of the fiscal year, there were 703 children in DFS out-of-home care, an increase of 8% from 650 children in care at the end of SFY2016. In SFY2017, 103 children for whom the Division held parental rights were adopted. At the end of SFY2017, the Office of Child Care Licensing's total count of licensed facilities in Delaware was 1,190. These facilities have the capacity to serve 50,245 children. The Criminal History Unit completed 7,680 criminal history record checks and 60,586 Child Protection Registry checks, resulting in the disclosure of 3,327 arrest reports. The unit also requested 114 out-of-state child abuse and neglect checks under the Adam Walsh Child Protection and Safety Act of 2006.

As of March 31, 2018, investigation caseload average for fully functioning caseworkers is 24.3 and treatment average caseload for fully functioning caseworkers is 17.5.

National Standards

DE has not received updated CFSR Round 2 national data profiles but using federal syntax for safety and permanency measures, state generated data is available for SFY2017 and used to update the last column of the following table:

Safety

<i>National Standard: Absence of maltreatment recurrence. Goal is 94.6% or higher.</i>						
	FFY2012	FFY2013	FFY2014	FFY2015	FFY2016	SFY2017
	97.5%	96.9%	97.9%	98.5%	97.5%	98.5%
<i>National Standard: Absence of maltreatment in foster care. Goal is 99.68% or higher.</i>						
	FFY2012	FFY2013	FFY2014	FFY2015	FFY2016	SFY2017
	99.85%	99.57%	100%	100%	100%	100%

Permanency

<i>National Standards</i>						
	FFY 2012	FFY 2013	FFY 2014	FFY 2015	FFY 2016	SFY 2017
Reunification within 12 months from the most recent removal from home. Goal is 75.2% or higher.	64.6%	68.2%	58.9%	64.4%	62.0%	69.6%
Re-entries to foster care in less than 12 months. Goal is 9.9% or lower.	3.5%	6.8%	6.5%	12.1%	15.7%	7.4%
Of those children in care less than 12 months - % with 2 placements or less. Goal is 86% or higher.	79.4%	83.3%	85.9%	85.1%	83.1%	78.9%
Of those children in care for 12 but less than 24 months - % with 2 placements or less. Goal is 65.4% or higher.	62.6%	61.3%	65.9%	61.8%	64.7%	62.3%
Of those children in care 24 or more months - % with 2 placements or less. Goal is 41.8% or higher.	35.5%	33.6%	32.4%	31.3%	33.8%	36.5%
Adoption within 24 months from the most	31.9%	43.2%	33.3%	38.0%	40.9%	46.1%

<i>National Standards</i>						
	FFY 2012	FFY 2013	FFY 2014	FFY 2015	FFY 2016	SFY 2017
recent removal from home. Goal is 36.6% or higher.						
Children Emancipated Who Were in Foster Care for 3 Years or More. The goal is 37.5% or lower.	36.8%	30.8%	43.8%	41.8%	31.4%	34.8%

New national standards (CFSR Round 3) used new Risk Standardized Performance (RSP) scoring and 95% confidence intervals for 7 safety and permanency measures. State scores fall within three interval categories: 1) better than, 2) no different than, and 3) worse than national performance. Here are Delaware's scores per measure as of the May 2017 report. Data sources are submissions of Adoption and Foster Care Analysis and Reporting System, and National Child Abuse and Neglect Data System files through December 2016.

CFSR Round 3 Measure and Data Standard	RSP Interval and Data Period	Performance Category
Permanency in 12 months (entries) - 42.1%	24.3%-34.4% 10-1-13 to 9-30-16	Worse than national performance
Permanency in 12 months (12-23 mos) - 45.9%	42.7%-56.2% 10-1-15 to 9-30-16	No different than national performance
Permanency in 12 months (24+ mos) - 31.8%	25.7%-37.9% 10-1-15 to 9-30-16	No different than national performance
Re-entry to foster care - 8.4%	6.5%-19.3% 10-1-13 to 9-30-16	No different than national performance
Placement stability (moves/1,000 days in care) - 4.44	4.71-5.7 10-1-15 to 9-30-16	Worse than national performance
Maltreatment in care (victimizations/100,000 days in care) - 9.68	4.48-12.3 10-1-13 to 9-30-14	No different than national performance
Recurrence of maltreatment - 9.5%	3.7%-6.0% 10-1-13 to 9-30-15	Better than national performance

The third round of the Child and Family Services Review has progressed to the improvement plan implementation phase. To review, 86 case reviews were conducted in four regional sites between April and July 2015. Over 20 stakeholder interviews occurred May 11-20, 2015. The Program Improvement Plan was approved effective April 1, 2017. The following is a summary of the findings; see the CFSR Final Report for details:

https://library.childwelfare.gov/cwig/ws/cwmd/docs/cb_web/SearchForm

The CFSR evaluates thirty-six items under seven Outcomes and seven Systems:

Outcomes:

Safety (2)

- Children are protected from abuse and neglect
- Children are maintained in their own homes whenever possible

Permanency (2)

- Children have permanency and stability
- Preserving family connections

Well-being (3)

- Families have enhanced capacity to provide for their children's needs
- Educational needs
- Physical, mental health needs

Systems:

- Information system
- Quality assurance
- Case review
- Staff and provider training
- Service array
- Agency responsiveness to community
- Foster/adopt home licensing, approval and recruitment

DE identifies these areas needing improvement:

Case related:

- Priority 3 investigation timeliness
- Assessing safety consistently in treatment cases
- Establishing and working towards timely permanency goals
- Foster parent recruitment targeting sibling groups
- Consistent notice of hearings to caregivers
- Improving children's physical and dental health services and documentation

System related:

- Reforming Quality Assurance (QA) case review system
- Designing and implementing child welfare supervisor training
- Consistent private agency foster parent training
- Improving service array
- Strengthening family engagement in assessment, planning and placement activities; targeting intact families and fathers

The Program Improvement Plan has 20 strategies with activities to make improvements to these case and system related areas needing improvement. Using the federal On-Site Review Instrument as the agency's case review tool takes advantage of the automated report features of the Online Monitoring System (OMS) to measure progress towards goals established in Part II: Measurement Plan of the CFSR PIP. This is a summary table of the measures:

Statewide Data Measure	Baseline	Improvement Goal
<i>Item 1: Timeliness of Initiating Investigations of Reports of Child Maltreatment</i>	81.08%	89.3%
<i>Item 3: Risk and safety assessment and management</i>	90.70%	94.7%
<i>Item 5: Permanency goal for child</i>	74.50%	82.3%
<i>Item 6: Achieving Reunification, Guardianship, Adoption or APPLA</i>	82.69%	89.4%
<i>Item 13: Child and family involvement in case planning</i>	74.70%	80.8%
Statewide Data Measure	Baseline	Improvement Goal
<i>Item 14: Caseworker visits with child</i>	86.05%	90.8%
<i>Item 15: Caseworker visits with parents</i>	68.06%	75.1%

Delaware restarted case reviews April 2018 after early challenges to complete timely reviews with fidelity. In order to reach the applicable case count for each item, the first reporting period is September 2018.

DE's quality assurance investigation case review data for CY2017 reports on these safety assessment measures and a combined safety assessment score. (N=95, January-December 2017, statewide assignments)

QA Investigation Case Review Detail	% of Reviewers Agreeing
SA1. Was the Safety Assessment completed on the appropriate household(s)?	97.9%
SA2. Was safety assessed for all children in the household?	91.6%
SA3. If "No" to Question SA2, was the reason documented?	30.0%
SA4. Were all safety threats identified for each child?	85.5%
SA5. Were the identified protective capacities documented during the contact(s) with the family?	93.8%
SA6. Were the indicated safety interventions appropriate for the identified threats?	98.0%
SA7. Is the final safety finding correct/appropriate?	97.9%
SA8. Was a Child Safety Agreement completed according to policy?	90.9%
SA9. If a Child Safety Agreement was completed, did it address the threats adequately?	91.3%
Combined Score for Safety Assessment	92.9%

The Child Protection Accountability Commission added new data measures for foster children's education to its Dashboard Report. Measures of attendance, math and reading scores, and graduation rates are now available. In general, foster children have more absences, have lower scores on math and reading and graduate at a lower rate than their peers.

These performance measures present a varied picture of the agency's efforts to ensure safety, permanency and well-being for children and families served. Delaware's national data profile measures continue to comply with established standards for safety. There is a marked decrease in the re-entry to foster care rate for SFY2017, exceeding the national standard. The companion measure of reunification increased by 7.6% from FFY2016. Foster child placement stability has decreased from FFY2016 by 4.2% for those children in care less than 12 months with 2 placements or less and 2.4% for children in care for 12 but less than 24 months with 2 placements or less. An increase of 2.7% is seen for those children in care 24 or more months with 2 placements or less. All of these measures are below the national standards with improvement in the stability of children in care more than 2 years. Children exiting to adoption within 24 months of entering care exceeds the national standard for the third year, with a 5.2% increase from FFY2016. The measure for foster youth aging out after 3 or more years in foster care increased by 3.4% since FFY2016 and is below standards. As of 1/31/18, 786 children are in DFS custody, with 692 children being in DFS foster care. The average monthly placement (DFS out of home care) population in SFY2017 was 775, an increase of 7% from SFY2016 average of 725. Four hundred and ninety (490) children entered initial DFS placements and 427 children exited placement in SFY2017. There were 1176 children who spent at least one day in foster care during SFY2017, a 7% increase from the 1104 children during SFY2016. As of 2/1/18, the two highest populations of foster children are the age 0-1 population with 16.2% and age 16 and above with 20.6%.

DFS' quality assurance investigation case reviews indicates reviewers agree with safety assessment and planning in combined scoring 92.9%. Specific areas indicating needed improvements are assessing safety for all children in the household (SA2), identifying all safety threats for each child (SA5) and following policy for completing Child Safety Agreements (SA8).

CFSR PIP quality assurance case reviews will provide current data on 8 specific outcomes once available later in 2018.

Caseload size is a key factor in maintaining safety and achieving permanency and well-being outcomes. As of March 31, 2018, statewide investigation cases averaged 24.3 for fully functioning caseworkers. Treatment and permanency caseloads averaged 17.5 statewide.

A Title IV-E Foster Care Review is scheduled the week of August 20, 2018. A total of 80 cases are evaluated for Title IV-E child eligibility, provider eligibility and federal claiming accuracy.

III. Update to the Plan for Improvement and Progress Made to Improve Outcomes

Revision to the Plan for Improvement (2015-2019 CFSP Section V. Strategic Plan)

A revised 2015-2019 Strategic Plan, 2019 edition, is effective July 2018, pending ACF approval. Edits include deletion of completed benchmarks, revised timeframes and new objectives and benchmarks. The FFY2019 APSR uses the 2018 version to report progress. (See Attachment: State of Delaware CFSP 2019 Edition Final.)

Implementation Supports

Supports for the coming year include fully implementing a new automated data system and components of a continuous quality improvement system (CQI). These are distinct system CFSP objectives and the CFSR PIP contains a CQI strategy. The new automated information system's vendor is Deloitte Digital, providing design and implementation supports. CQI technical assistance was accessed online via the Capacity Building Center for States' CQI Academy. A committee of the CFSR PIP CQI workgroup completed the course and now drafts an agency implementation plan. Delaware reserves a request for additional Center resources. These system improvements strengthen the existing foundation for data informed practice. Databases for foster care psychotropic medication and education performance are established. The Center for Professional Development implements DFS supervisor training this calendar year to build child welfare specific competencies. Implementation of the Delaware Learning Center improves training access, registration, tracking and reporting. See Section XIV Training Plan for updates on staff training.

Update on Progress Made to Improve Outcomes

Based on the 2012 assessment, by the Child Welfare Strategy Group, (of the Annie E. Casey Foundation), the DFS *Outcomes Matter* initiatives, 2015 Child and Family Services Review findings and evaluation of metrics, along with stakeholder comments and partner collaboration, the goals and objectives discussed below were established for 2018. There are several broad principles and priorities supported by this strategic plan. The focus on child safety is paramount at all stages of a case from prevention to permanency. Children deserve to grow up in stable, nurturing and permanent families. Family interventions should be proportionate based on risk and protective factors. Key decisions include family and youth voices. Child welfare systems are strongest when partners share common goals and resources. A skilled and experienced workforce is supported by competency based training, facilitative supervision, community-based services and technology. For this reporting period, progress and achievements are noted for each Benchmark.

Delaware's CFSR PIP adds another layer of strategic planning addressing areas needing improvement resulting from the 2015 federal review. The general components of both plans are aligned: Safety, Permanency, Well-Being and Systems. Delaware's approach is to not duplicate activities but to cross-reference where appropriate. There are similar strategies with different benchmarks and measures driven by the program improvement planning process. Together, these plans lay a path to deliver appropriate safety measures for vulnerable at-risk populations, fully implement Safety Organized Practice, fully engage families, strengthen permanency outcomes, support a stronger workforce and implement continuous quality improvement.

FACTS references for the entire Plan converts to FOCUS in the CFSP 2019 edition.

A. Safety

Goal: At-risk children are safe and protected from harm

Rationale: Child safety is an agency mandate and a core component of the agency's mission. Data indicates the agency has low rates of recurring maltreatment and abuse/neglect in foster care. The agency strives to continue to protect children with an appropriate and measured response, using evidenced-based decision-making tools and family engagement strategies that strengthen the capacity of families to meet their own needs.

Objective: Implement Structured Decision Making (SDM[®]) across all program areas.

Rationale: SDM[®] implementation must be completed to ensure consistent and accurate assessment of harm and risk throughout the life of a case. SDM[®] tools have the highest level of validity and reliability established in the field of child welfare. The National Council on Crime and Delinquency's international evaluation found evidence SDM[®] lowers maltreatment and maltreatment recurrence rates, while ensuring equity in decision making.

Outcome: Lower rates of child maltreatment and maltreatment recurrence.

Benchmarks:

1. Implement SDM[®] tools across program areas from intake to permanency. Timeframe: June 2017. Measure: Percent and number of quality assurance reviews for intake, investigation, treatment and permanency cases indicating use of SDM[®] tools. This benchmark is under review as DFS adopts the federal Child and Family Services Review On-Site Review Instrument.

Progress Report: On April 4, 2016, all of the SDM[®] tools in treatment and permanency were added into the FACTS information system. This included the Family Strengths and Needs Guide (FSNG), Child Strengths and Needs Guide (CSNG), Family Service Plan, Family Service Plan Review/Approval, Safety Agreement Review, Risk Reassessment, Reunification Reassessment, Reunification Reassessment Safety, and Caregiver Safety. In addition, changes in the name and content were made to the following: 5 Day Plan (old PCIC II), Child Plan (old PCIC III), and Child Plan Review (old PCIC IV). All of these instruments are in FOCUS that went live February 6, 2018. DE implemented the federal OSRI as our formal review tool. Results of these case reviews are not yet available for review. The OSRI does not include specific questions regarding the use of the SDM[®] tools. However, some items assessed during OSRI reviews are SDM[®] based and reflected in applicable items. Delaware continues to utilize an internal investigation QA tool for closed investigation cases that includes SDM[®] and SOP specific questions. Of the investigation case reviews for CY2017, 92.9% of the reviews reflected conformity of the SDM[®] safety assessment and 91.75% of the reviews reflected conformity of the SDM[®] risk assessment. As of April 2018, there is a temporary suspension of the Investigation QA tool as the Data Management team develops the case selection process from the new FOCUS system.

In February 2018, Delaware entered into a contract with the National Council on Crime and Delinquency, owner of the SDM[®] model. The scope of work will update the SDM[®] screening and response priority tool to align with latest legislation. DFS implements a statewide SDM[®] core team that will annually review and update the SDM[®] assessments and definitions as needed, enhancing Delaware's safety assessment and planning practice skills through training and coaching, and enhancing supervisory SDM[®] and SOP coaching skills. A workgroup formed in April 2018 to begin to update the SDM[®] screening and response priority tool. SDM[®] training occurred May and June 2018.

This benchmark is complete. For CFSP's 2019 version, Benchmarks 2 and 3 includes monitoring activities under A. Safety, Goal: At-risk children are safe and protected from harm.

2. Use a continuous quality improvement framework to monitor and guide implementation of SDM[®] practice by reviewing DFS data and Quality Assurance case review reports with DFS staff and system partners. Identify areas needing improvement and implement corrective actions. Continue to review performance. Timeframe: June 2016 to September 2019. Measure: Documentation of CQI policy and procedure. Production of SDM[®] data reports from FACTS and case reviews. Meeting minutes documenting findings and recommendations.

Progress Report: CQI policy and procedure continues to be in development. DFS has integrated all the SDM[®] tools into the new information system - FOCUS. DFS adopted the federal CFSR OSRI for quality assurance case reviews. With these new systems in place, DFS is better positioned to define the measurement components of a CQI system. DE has also established a CQI workgroup and members attended the Capacity Building Center for States' CQI Academy. DE will next be writing CQI policy and providing training to all staff on CQI process and procedure. See Benchmark 1 for investigation QA SDM[®] findings.

3. Until a more comprehensive CQI system is operational, use existing data reports, Quality Assurance case review reports and feedback from DFS staff, trainers and system partners to monitor implementation. Use existing DFS forums to recommend and implement corrective actions through training, supervision and technical assistance. Timeframe: Ongoing until CQI system is operational. Measure: Production of SDM[®] data reports from FACTS and case reviews; meeting minutes documenting findings, recommendations, actions taken and results.

Progress Report: The Program Manager for Intake and Investigation continued monthly participation on the Child Abuse and Neglect (CAN) Panel. The Panel was previously managed by the Child Death Review Commission (formerly known as the Child Death Near Death Stillbirth Commission) and, by statute, transferred to the Child Protection Accountability Commission September 10, 2015. The CAN Panel makes findings that are forwarded to the quarterly CAN Steering Committee for approval and development of recommendations based on the Panel's findings. A summary of the work of these two groups is discussed in the Child Protection Accountability Commission's State Fiscal

Year 2017 Annual Report located online at:
<https://courts.delaware.gov/forms/download.aspx?id=100038> (Pages 6 - 8). CAN Panel findings and near death reports are located on the OCA website at https://courts.delaware.gov/childadvocate/cpac/cpac_reports.aspx. CPAC and the Child Death Review Commission hold a joint annual retreat to monitor the prior year's findings, recommendations and plans. As a result of the joint annual retreat, an action plan is implemented and reviewed quarterly. DFS administrators, including the Intake and Investigation Program Manager, attended the April 2018 retreat.

See Benchmark 1. For investigation QA results and scope of work of the National Council on Crime and Delinquency scope of work. SFY2017's measurement of the absence of maltreatment recurrence is 98.5% and exceeds the national standard of 94.6%. As for the absence of maltreatment in foster care, SFY2017's 100% score exceeds the national standard of 99.68%. These results are consistent since SDM[®] implementation in 2012.

Objective: Implement Safety-Organized Practice (SOP) across all program areas.

Rationale: Family engagement strategies embedded in a comprehensive practice model are best practice in child welfare. SOP is a practice model that integrates the rigorous safety and risk assessments from SDM[®] into a comprehensive approach to family engagement across the lifespan of a case. SOP uses strengths-based and child-centered principles in a series of family engagement activities that support comprehensive assessment and planning. This objective completes training sessions already in progress.

Outcome: Lower rates of child maltreatment and maltreatment recurrence.

Benchmarks:

1. Fully implement Consultation and Information Sharing Framework for group supervision. Timeframe: June 2018. Measure: Percent of case reviews with documented Framework utilization.

Progress Report: Implementation of the Consultation and Information Sharing Framework for group supervision is embedded in Delaware's practice. The Framework process is required for two conditions: when there is an active Child Safety Agreement and the plan is to transfer the case during investigation or treatment and when the SDM[®] Risk Assessment is Very High and staff recommend case closure. The Framework is utilized for other reasons on a case-by-case basis.

Each regional office conducts Framework meetings on cases transferred from investigation to treatment with either a Child Safety Agreement in place or a Very High SDM[®] risk score at the conclusion of the investigation. Frameworks can be requested by any worker or supervisor (investigation, treatment and permanency functions) for guidance on complex cases. DFS does not currently gather data regarding the number of Frameworks held each month. Contracted Children & Families First (CFF) FAIR conducts group supervision when faced with a challenging case.

Delaware implemented a new information system in February 2018 that includes a Framework event whereby staff can complete the Consultation and Information Sharing

Framework tool directly in the case. Measurement of cases using the Framework was unavailable in FACTS. DFS does not consistently gather data regarding the number of Frameworks held each month. The Safety PIP Workgroup gathered some data from July through September 2017 to include the number of Frameworks completed, the purpose of the Framework, and the outcome of the Framework. Of the 96 Frameworks completed, 44% were for case direction, 27% were for transferring to treatment with a Child Safety Agreement, 18% were for case closure, 8% were for closure against the SDM® Risk Assessment score, and 3% were for a transfer to treatment. Of the 96 Frameworks completed, 34% cases closed, 29% were still open, 25% were transferred to treatment, and 12% were transferred to treatment with a Child Safety Agreement. FOCUS design may allow counting of Frameworks in case activity. Timeframe for this benchmark is adjusted to June 2019.

Beginning December 6, 2016, statewide regional and central office administrators from all program areas began RED (Review, Evaluate, Decide) Teams on a daily basis to review all SDM® hotline reports classified as “risk of” to determine whether they should be screened in or screened out. Each RED Team consists of three administrators, and the framework elements guide and document the discussion. In CY2017, there were 1,811 reports reviewed.

Permanency Framework examples include consideration to recruit for adoptive families for siblings separately after having no success recruiting for siblings together, moving forward or ending placement with a resource when issues of concern arise, moving children from pre-adoptive placements when issues of concern arise, and finalizing adoptions for one sibling and possibly not another.

2. Use a continuous quality improvement framework to monitor and guide implementation of Safety-Organized Practice by reviewing DFS data and Quality Assurance case review reports with DFS staff and system partners. Identify areas needing improvement and implement corrective actions. Timeframe: June 2016 to September 2019. Measure: Documentation of CQI policy and procedure. Production of SOP data reports from case reviews. Meeting minutes documenting findings and recommendations.

Progress Report: This benchmark is pending. FOCUS went live on February 6, 2018. DE is still in progress of testing and making corrections as needed in production. FOCUS is able to measure elements of Safety Organized Practice. Consultation and Information Sharing Framework and Family Team Meetings are in FOCUS and can be tracked upon full implementation. Data on Team Decision Making meetings informs and promotes practice. The current investigation QA tool measures use of SOP family engagement techniques; see II. Assessment of Performance for results.

3. Until a CQI system is operational, use existing data reports, Quality Assurance case review reports and feedback from DFS staff, trainers and system partners to monitor implementation. Use existing DFS forums to recommend and implement corrective actions through training, supervision and technical assistance. Timeframe: Ongoing until CQI

system is operational. Measure: Production of SOP data reports from case reviews, meeting minutes documenting findings, recommendations, actions taken and results.

Progress Report: Delaware has continued to utilize the investigation QA tool for closed investigation cases that includes SOP and family engagement specific questions. Of the investigation case reviews for CY2017, 82.4% of the reviews reflected conformity in the use of the family's networks or community/cultural assets included in the Child Safety Agreement or other activities focused on improving child safety. As of April 2018, there is a temporary suspension of the investigation QA tool as the data management team develops the case selection process from the new FOCUS system. FOCUS design includes elements of Safety Organized Practice such as Frameworks and Family Team Meetings in investigation, treatment and permanency cases. Report capacity on these case activities is under evaluation.

Objective: Implement a Differential Response System for at-risk children and families.

Rationale: Based on CAPTA requirement, agency is building capacity to respond to reports of abuse and neglect proportionally according to presenting allegations. Delaware exceeded the national average in the percentage of teens in foster care (e.g., in 2012, national average was 38%, yet DE had 48%. Additionally, 79% of these teens were entering foster care for the first time as teens). Outcome: Lower rates of child maltreatment and maltreatment recurrence.

Benchmarks:

1. Develop, implement, and expand a differential response within DFS using Family Assessment and Intervention Response (FAIR) to accepted reports of child abuse and neglect. Timeframe: June 2018. Measure: Number and percent of accepted reports of abuse and neglect receiving FAIR response.

Progress Report: This benchmark stays the same; however, the timeframe is adjusted to launch internal FAIR expansion by March 2019. Throughout 2017, DFS continued to use several practice tools in developing and deepening the infrastructure that would be needed to support expansion of internal FAIR. This includes conducting more RED (Review, Evaluate and Decide) teams that review hotline reports to determine pathway. The dispositions include indicators related to eligibility for FAIR if we had FAIR for additional populations/case criteria. DFS also expanded the use of group supervision and use of the Information Gathering and Consultation Framework tool. These are both tools used in a FAIR model. The operations management team has continued to explore statistical reports related to the number of cases receiving an investigation, existing Internal FAIR, and external FAIR to watch for patterns and trends related to assignments within those case types. For CY2017, 235 cases were assigned to FAIR. In 2017, DFS reinstituted the internal FAIR workgroup and met in July, October, and November to revisit and redesign an implementation plan for internal FAIR expansion with the goal of expanding FAIR. The workgroup developed the following subgroups: policy and procedure, RED Team, data, training and support. The policy and procedure subgroup developed an updated FAIR policy and procedure that was presented to the internal workgroup October 2017. At this time, due to capacity and workload, the plan is delayed; however, the operations

management team continues to maintain a commitment towards expanding internal FAIR. As such, this benchmark's timeframe is revised to early CY2019.

2. Continue the contracted community-based FAIR Program to prevent unnecessary entries of teens into foster care statewide. Timeframe: Ongoing to September 2019. Measure: Number and percent of children and youth receiving community-based FAIR and entering foster care.

Progress Report: The contracted community-based FAIR Program continues and includes an expansion in SFY2019. During CY2017, the contracted community-based FAIR program assessed 377 families, serving 340. The total number of youth who entered out-of-home care was 19 or 5.04% of the assessed families.

3. Use a continuous quality improvement framework to monitor and guide implementation of differential response by reviewing DFS data, Quality Assurance case review reports and contractual performance measures with DFS staff and system partners. Timeframe: June 2016 to September 2019. Measure: Documentation of CQI policy and procedure. Production of FAIR data reports from FACTS and case reviews. Meeting minutes documenting findings and recommendations.

Progress Report: This benchmark is pending. FAIR cases are subject to quality assurance case reviews; findings are pending.

4. Until a CQI system is operational, use existing data reports, Quality Assurance case review reports, contract performance data and feedback from DFS staff, trainers and system partners to monitor implementation. Use existing DFS forums to recommend and implement corrective actions through training, supervision and technical assistance. Timeframe: Ongoing until CQI system is operational. Measure: Production of FAIR data reports from FACTS and case reviews; meeting minutes documenting findings, recommendations, actions taken and results.

Progress Report: Weekly assignments of internal FAIR cases in New Castle County are captured on internal weekly reports and reviewed by operations administration staff. These numbers are considered carefully by the regions who do not have FAIR in helping to determine and anticipate what a FAIR caseload and assignment rate might be and has influenced staffing considerations for expansion. Contracted community-based FAIR has extensive process and impact outcome measures for returned cases, contact timeliness, assessment timeliness, service type, and program completion rates. Outcome measures are an agenda item at every joint meeting. Since the last Child and Family Services Plan update, meetings were held on October 24, 2017 and January 23, 2018 and April 24, 2018. Meeting minutes are available upon request.

The complete outcome measure reports for each year are available upon request. The contractor began receiving cases on March 4, 2013. The following are selected process outcome measures by calendar years.

Timeliness of Initial Contact and Assessment	2013	2014	2015	2016	2017
Percent of families contacted within 24 hours	96%	96%	93%	95.3%	97.5%
Percent of SDM® Safety Assessments completed during first in-person meeting	91%	91.1%	96.3%	98.6%	100%
Percent of CAFAS completed within 10 days	96%	95.1%	96.5%	96.7%	97.6%
Percent of SDM® Risk Assessments completed within 21 days	97%	95.5%	98.9%	87.7%	98.8%
Percent of cases successfully closed			100%	82%	89%

In addition to the measure regarding the number of youth entering care that had current or prior activity with FAIR, DFS also counts the number of FAIR cases that had a subsequent investigation resulting in a finding of maltreatment. For CY17, there were 34 substantiated reports or 10% of the total number of cases (340) served.

Objective: Fully implement Considered Removal Team Decision Making (TDM) model for at-risk children and families to strengthen safety assessment and planning for children at-risk of entry into foster care.

Rationale: Based on AECF assessment findings and early success, agency will continue to expand use of TDM model to prevent placement and support key decisions through family engagement.

Outcome: Lower rates of child maltreatment and maltreatment recurrence. Increased rate of safely diverted foster care entries.

Benchmarks:

1. Continue Considered Removal TDM meetings for DFS custody decisions; strengthen practice of using TDM prior to removal in non-emergency situations. Timeframe: Ongoing to September 2019. Measure: Number and percent of TDM meetings occurring before and after foster care entry.

Progress Report: One of the most impactful family engagement strategies, Team Decision Making meetings, ensures children are safety cared for within their own family and community. These facilitated meetings are mandated for children at risk of removal or within 48 hours after entering DFS custody in investigation, treatment or FAIR cases. When appropriate, the domestic violence and substance abuse liaisons participate in TDM meetings. In SFY2017 40.3% of all TDMs were held prior to removal. Investigation staff were responsible for 75.5% of the referrals and treatment staff were responsible for 24.5%.

2. DFS to continue to gather data on timing, attendees, decisions and outcomes of TDM meetings. Use existing DFS forums to recommend and implement corrective actions through training, supervision and technical assistance. Timeframe: Ongoing to September

2019. Measure: Issuance of reports on timing, attendance, decisions and outcomes of TDM meetings.

Progress Report: The DFS Data unit provides monthly data reports detailing TDM activity; reporting is temporarily suspended due to staff vacancy and competing priorities; however, the TDM facilitators enter information into the TDM database. Monthly reports are to resume in the near future. TDM workgroup meets quarterly. During these meetings, pre-removal referrals are promoted. There is a slight increase in TDM from contracted FAIR. At the end of the TDM, facilitators provide attendees with a Participant Feedback Survey. In FY2017 mothers participated in 76% of TDM meetings, while fathers participated in 46%. Youth participated in 67% of meetings. Family supports participated in 71% of meetings. Thirty-two point nine percent of the children were diverted from custody.

3. Use a continuous quality improvement framework to monitor and guide implementation of TDM by reviewing DFS data, Quality Assurance case review reports and participant surveys with DFS staff and system partners. Timeframe: June 2016 to September 2019. Measure: Documentation of CQI policy and procedure. Production of TDM data reports from FACTS and case reviews; meeting minutes documenting findings and recommendations.

Progress Report: This benchmark is pending. Quality assurance case reviews started April 1, 2018. One of the items reviewers consider is whether DFS made reasonable efforts to prevent children from entering foster care. Conducting a TDM meeting is a reasonable effort. Additionally, the TDM referral and summary report is built into the FOCUS system which launched in February 2018.

Objective: Continue to enhance the knowledge and skill of child welfare staff involved in investigation and treatment of child maltreatment.

Rationale: Training is a vital component of the agency's infrastructure to strengthen professional competencies to protect children and support families. Community professionals, DFS staff and the Child Protection Accountability Commission (CPAC) support continuing training activities.

Outcome: A skilled and competent child welfare system workforce.

Benchmarks:

1. Participate in Multi-Disciplinary Teams through the Children's Advocacy Center, promoting collaboration of child welfare, law enforcement, criminal justice, mental health and medical professionals. Timeframe: Ongoing to September 2019. Measure: Data reports on use of Multi-Disciplinary Teams at the Children's Advocacy Center.

Progress Report: For the period July 1, 2017 through October 31, 2017, the Children's Advocacy Center conducted 458 forensic child interviews. Of the 458 interviews, 62% were for sexual abuse, 18% physical abuse, 12% witness interviews and 8% other. Gender statistics are 62% female and 38% male. DFS is a major referral source for CAC services.

The CPAC Training Committee Multi-Disciplinary Team Case Review Workgroup continued to meet during 2017 and 2018 to draft a case review protocol. The draft MDT Case Review Protocol was presented to the CPAC Training Committee MDT Case Review Workgroup on April 10, 2018. The case review is a formal process in which the multidisciplinary team monitors and assesses the response to child abuse, child neglect, and child death cases and facilities best practice. The protocol outlines the case review process, including establishing case selection criteria, defining standard case and special case reviews, and establishing the responsibilities for coordination, facilitation, participation and documentation of the process. The Intake and Investigation Program Manager is a member of this workgroup.

2. Support the education of Multi-Disciplinary Team members through joint training programs such as the Protecting Delaware's Children Conferences, National Conferences on Abuse Head Trauma and related opportunities. Timeframe: Ongoing to September 2019. Measure: Documentation of training events attended by Multi-Disciplinary Team members.

Progress Report: The Program Manager for Intake and Investigation joined the CPAC Executive Director, Tania Culley, and the CAN Panel Director, Rosalie Morales, at the 16th National Citizen Review Panel Conference in Anchorage, Alaska on May 10-12, 2017, to do a panel presentation called "From Review to Action: How Delaware has improved the State's child protection system through the review of individual cases." The panel discussed the transformation of the CAN Panel reviews since moving from the Child Death Review Commission to CPAC.

On June 8, 2017, Shelley Yingling, Statewide Services Administrator, and Linda Shannon, Program Manager for Intake and Investigation, provided "Report Line and After-Hours Refresher" training. The first training occurred at the New Castle Police Department Report Line office and the second training occurred that evening at the Milford Riverwalk location for a total of 4 supervisors and 22 staff on the day and second shifts plus weekend/holiday. The PowerPoint training consisted of four parts: 1) The report, 2) Documentation, 3) Reminders, and 4) What is pending? Each of the training sessions lasted two hours with much discussion throughout. The previous report line refresher was in 2009 and much had changed in the interim.

Delaware's Multi-Disciplinary Team Training Data for April 2017 to April 2018 is in the following table:

MDT Training	Date	# Attendees
34 th International Symposium on Child Abuse	March 19-22, 2018	13
Cornerhouse On-Site Basic Forensic Interview Training & Delaware MDT Course	December 11-15, 2017	34
29 th Annual Crimes Against Children Conference	August 8-10, 2017	2
Protecting Delaware's Children Conference	April 25-26, 2017	454
CWLA 2018 National Conference	April 26-29, 2018	2
2018 National CASA/GAL Conference	March 10-13, 2018	13
40 th National Child Welfare, Juvenile, and Family Law Conference	August 10-12, 2017	5
15 th ABA National Conference on Children & the Law	April 27-28, 2017	6
5 th ABA Parent Attorney Conference	April 25-26, 2017	1
32 nd San Diego International Conference on Child and Family Maltreatment	January 28 -February 2, 2018	3

3. Participate in CPAC's Child Abuse and Neglect (CAN) Best Practices Workgroup which researches and implements best practices in investigation of child maltreatment. Timeframe: Ongoing to September 2019. Measure: Committee meeting minutes.

Progress Report: The CPAC Child Abuse and Neglect (CAN) Best Practices Workgroup continued to meet during 2016 through October 2017 on the fourth revision of the Memorandum of Understanding (MOU) with DSCYF, Delaware Police Department, Department of Justice, Children's Advocacy Center (CAC), Division of Forensic Science, OCA's Investigation Coordinator, and hospitals. The sections of the MOU include a protocol for physical injury, serious physical injury, child death, child sexual abuse, child neglect, and juvenile trafficking. The MOU was signed February 2017 and is located online at https://courts.delaware.gov/childadvocate/cpac/cpac_reports.aspx. Each protocol contains information about cross reporting, investigation (interviews, forensic interviews at the CAC, preservation of evidence, temporary emergency protective custody, transportation, medical examination, safety assessment, behavioral health and social services, victim advocates, arrest, criminal proceedings, civil disposition), MDT case review, confidentiality, information sharing, and documentation, and conflict resolution. A chart for assessing the presence of torture, a medical examination protocol, and a juvenile trafficking pre-assessment checklist were also developed for the MOU. Revisions to Title 16 of the Delaware Code were drafted to coincide with the changes to the MOU and was signed by the Governor in August 2017 as Delaware House Bill 181. In October 2017 the CAN Best Practices Workgroup approved the training for the Train the Trainers, and Train the Trainer sessions took place in November and December 2017. The trainers consist of the Intake and Investigation Program Manager and three DFS supervisors. Statewide

training on the MOU will take place by the end of CY2018. On April 25, 2018, a Joint CPAC/CDRC (Child Death Review Commission) Retreat was held where actions steps were developed; ten DFS representatives participated. Many of these action steps will drive the CAN Best Practices Workgroup to reconvene and add to its members to address the identified action steps. Committee meeting minutes are available here: <https://publicmeetings.delaware.gov/Search?AgencyID=4>. The Intake and Investigation Program Manager is a member of this workgroup.

4. Participate in CPAC's Substance-Exposed Infant sub-committee to address the needs of drug exposed infants. Implement policies and provisions to meet Comprehensive Addiction and Recovery Act (CARA) requirements ensuring safe plans of care. Timeframe: Ongoing to September 2019. Measure: Committee meeting minutes, policy or MOU issuance.

Progress Report: The CPAC Substance-Exposed Infants (SEI) Sub-committee was developed as an extension of the group that was primarily comprised of hospital staff that previously existed to discuss the needs of substance-exposed infants. This group focused on the creation and monitoring of the high risk discharge protocol implemented between DFS and the hospitals. The CPAC SEI Sub-committee has expanded that work and developed a Plan of Safe Care (POSC) template and Plan of Safe Care Family Assessment template to comply with the changes made to the Child Abuse Prevention and Treatment Act (CAPTA) after passage of the Comprehensive Addiction and Recovery Act (CARA) in 2016. The Plan of Safe Care was approved by the CPAC SEI Sub-committee in September 2017 and continues to be amended as practice continues. This Sub-committee, which is co-chaired by Jennifer Donahue, Investigation Coordinator for the state, and Dr. Allan DeJong, M.D., of Nemours Alfred I. duPont Hospital for Children, is comprised of members of the medical community, DFS, OCA, Department of Education (DOE), Division of Substance Abuse and Mental Health (DSAMH) and their contracted providers, CDRC, Children & Families First, Department of Justice (DOJ), Department of Health and Social Services (DHSS), and the March of Dimes. The CPAC SEI Sub-committee sponsored state legislation, HB 140, also known as Aiden's Law which was signed by the Governor June 7, 2018. This legislation provides reporting guidelines for health care providers similar to CARA. Additionally, the legislation is designed to de-stigmatize the process of becoming involved with child welfare due to the birth of an infant with prenatal substance exposure. A core group of members of the CPAC SEI Sub-committee receives In-Depth Technical Assistance (IDTA) through a federal program administered through the National Center of Substance Abuse and Child Welfare. This IDTA program intends to provide assistance over 2 years to develop strategies to combat the opioid epidemic. The core group created a four point statewide action plan designed to recommend universal screening of pregnant women for early identification of substance use so that women and their families may be linked to appropriate services, including treatment, prenatal care, home visiting and other supports as needed; build a system of care and provide educational resources so that medical providers, including obstetricians/gynecologists, birth hospitals, treatment providers and social services agencies have the tools they need to help pregnant women in the prevention, recognition, and treatment of substance use disorders and related services for affected children and families; implement a universal statewide protocol for

the preparation and monitoring of Plans of Safe Care for infants with prenatal exposure and their affected families; and maintain an awareness of the effects of stigma in discouraging pregnant women from treatment or prenatal care, as well as the importance of non-judgmental medical provider support so that women feel safe in discussing substance use or abuse.

The Intake and Investigation Program Manager joined the CPAC SEI sub-committee in July 2017 as well as the IDTA core group. IDTA conducted a site visit on October 25, 2017, which included a brief overview of CAPTA, the POSC, and Delaware's implementation plan, a walkthrough of the triage process from identification at birth, notification, and POSC implementation, and a discussion around the SEI Pilot to include implementation challenges as well as effective substance use disorder treatment. The May 2018 site visit focused on the POSC oversight by the Medication Assisted Treatment (MAT) providers. The Intake and Investigation Program Manager and the Investigation Coordinator developed a Plan of Safe Care pathway which designates the Plan of Safe Care Coordinator based on the substance. In addition to the development of a pathway, the Intake and Investigation Program Manager has developed policy and practice procedures to comply with CARA provisions. The Investigation Coordinator is drafting an implementation guide to be completed by the end of CY2018.

DFS provides the Investigation Coordinator a weekly data report to include all reports where there is a notification involving a substance exposed infant, and the Investigation Coordinator tracks several elements of data in a Substance Exposed Infant database. The Investigation Coordinator then distributes a year in review on Delaware's substance exposed infants. In CY2017, there were 450 notifications to DFS (50% New Castle, 24% Kent, and 26% Sussex). Of the 450 notifications to DFS, 315 (70%) were screened in, 10 (.02%) were linked to an active treatment case, and 125 (27.78%) were screened out. The data shows that a high percentage of infants (84%) remain in their home, and there are strong maternal risk indications: 40% have prior DFS history as a child, 34% have a mental condition, and 28% have a prior SEI birth.

In October 2017, DFS began a Plan of Safe Care SEI pilot program with the introduction of one designated SEI caseworker in Kent County and one designated SEI caseworker in Sussex County. The caseworker in Kent County is co-located at Bayhealth Kent General Hospital, and the caseworker in Sussex County is co-located at Beebe Healthcare. In 2018, there was an additional worker added to Kent County for Milford Memorial Hospital, and one new Sussex County worker assigned to Nanticoke Hospital. There are efforts underway to initiate a collaboration with Christiana Care Health Services and St. Francis Hospital in New Castle County. Members of the Plan of Safe Care SEI Pilot program, including the DFS Director, the Intake and Investigation Program Manager, the Investigation Coordinator, caseworkers, supervisors, and the birthing hospitals hold routine meetings to discuss the ongoing SEI pilot program. In April 2018, the Intake and Investigation Program Manager and the Investigation Coordinator conducted a training and coaching session for the four designated SEI caseworkers, which will expand to a statewide training.

In December 2017, DSF issued a Request for Proposal (RFP) for implementing Plans of Safe Care with assigned coordinators for a target population of marijuana-exposed infants with no other identified risk factors. In February 2018, a review panel convened, and an agency selected pending contract negotiations. The contract was executed May 2018.

In addition to the above efforts, the SEI IDTA's goals for 2018 include implementing a regional partnership as well as a SEI study with Alfred I DuPont Hospital for Children. Delaware was awarded a Regional Partnership Grant, and Children & Families First (CFF) is the lead agency. The Regional Partnership Grant is implementing a Delaware H.O.P.E. (Healthy Outcomes with Parent Engagement) model of services for SEI's and their mothers and caregivers. At this time, the Regional Partnership Grant is in the planning period and will include collaboration among CFF, DSCYF, OCA/IC, DHSS, Public Health, DSAMH, Connections and Brandywine Counseling.

5. Continue collaboration with system partners, especially providers of services related to domestic violence and substance abuse (e.g. Division of Substance Abuse and Mental Health, Domestic Violence Coordinating Council, Children's Advocacy Center, Brandywine Counseling, Psychotherapeutic Services Inc., Child Inc., People's Place II) to promote comprehensive assessment of families' needs and integrated service planning. Activities include co-location of staff, multidisciplinary interviewing, community training and interagency agreements. Timeframe: Ongoing to September 2019. Measure: Documentation of collaborative efforts such as meeting minutes, collocation of staff, contracts, Memoranda of Agreement and training events.

Progress Report: Four domestic violence liaisons, funded by federal grants (e.g., Victims of Crime Act), are collocated in DFS offices (2 in New Castle County at Beech Street and University Plaza, one in Kent County, and one in Sussex County). The New Castle liaisons are employed by Child, Inc. and the Kent and Sussex liaisons are employed by Peoples Place II. Meetings are held quarterly and since the last progress report, meetings were held on October 18, 2017, January 24, 2018 and April 18, 2018. During CY2017, the DV liaison in Region I (Beech Street) met with 80 adult victims. The DV liaison in Region II (University Plaza) met with 98 adult victims. The Kent County liaison served 125 adult victims and Sussex 133 adult victims. The total number of statewide adult victims served was 436. At present, Delaware's Domestic Violence Liaison collaboration is receiving a Safe and Together Model Training and Technical Assistance package by David Mandel & Associates that includes an initial needs assessment phase, a training and technical assistance phase, and an evaluation component. The training and technical assistance package is contracted by the Domestic Violence Coordinating Council (DVCC) Children and Domestic Violence Committee. The DFS Director and Intake and Investigation Program Manager are members. Following the initial needs assessment, a three-day training was held April 11-13, 2018. Four site visits occurred May and June 2018. Next steps in the training and technical assistance phase are online training, and facilitated conversations regarding the approach being utilized by the domestic violence liaisons, including communication strategies with the DFS staff.

The Air Force is required to review and update MOUs with child welfare agencies every two years. The MOU with Dover Air Force Base was updated in 2018 and is currently under review by the Air Force.

DFS administrators have continued to attend routine meetings with three statewide hospitals (Christiana Care, Bayhealth – Kent General and Milford and Beebe) since the last Child and Family Services Plan update. Meetings with other hospitals occur on an as needed basis or by request. In 2017, the Intake and Investigation Program Manager and the Statewide Services Administrator started a routine hospital meeting with Alfred I DuPont Hospital for Children that have continued through 2018. In addition to Alfred I DuPont Hospital for Children, a meeting occurred in 2017 with Nanticoke Hospital. In addition to the routine meetings with the three statewide hospitals, The DFS Director, Intake and Investigation Program Manager, and Investigation Coordinator have held routine meetings with the birthing hospitals (Bayhealth – Kent General and Milford, and Beebe) who participate in the SEI pilot.

DFS administrators, supervisors, and caseworkers continue to attend Delaware Multisystem Healthy Action Committee (MSHAC). The initial kick off was held in 2016 and meetings have continued. The charge of MSHAC is to plan how to serve families with substance abuse better through a multi-agency approach. In New Castle County, meetings were held May 1, 2017, November 8, 2017, February 13, 2018, and May 5, 2018. In Kent County, meetings were held May 2, 2017, June 27, 2017, September 12, 2017, March 15, 2018, and May 29, 2018. In Sussex County, meetings were held May 9, 2017, June 28, 2017, August 8, 2017, September 18, 2017, November 14, 2017, January 11, 2018, February 22, 2018, April 11, 2018, and June 14, 2018.

DFS continues to have Substance Abuse Liaisons (SAL) co-located with DFS staff in our 4 regional locations. Brandywine Counseling provides SAL for Beech St., University Plaza, and Sussex (Milford Office). Psychotherapeutic Services Inc. (PSI) provide a SAL for Kent County. ALs take two types of referrals: regular and expedited. For regular referrals, the SAL will conduct a screening to determine if a full evaluation is needed. Then, they will help the parent connect with an agency for full evaluation. For expedited referrals, caseworkers make the referral to the SAL when a mother gives birth to a child and the child is exposed to drugs or alcohol. The SAL responds to the hospital within 24 hours to screen the mother and if she is not already engaged in treatment, the SAL connects the mother with a community-based program so she can begin treatment. There is limited data for the past year due to staffing changes. However, the PSI SAL reports receiving 244 regular referrals and 24 expedited referrals for CY2017. The SAL workgroup also meets quarterly. SAL have started providing monthly stats reviewed at these meetings.

6. Monitor effectiveness of child welfare training with participant evaluations. Use existing DFS leadership to monitor DFS training and CPAC Training Committee meetings to evaluate child welfare system curriculum development and topics. Timeframe: Ongoing to September 2019. Measure: Trainee surveys and evaluations.

Progress Report: In July 2015, Center for Professional Development (CPD) began using a new learning management system platform, called the Delaware Learning Center (DLC). One benefit of the DLC is the automation of the evaluation process, negating the need for hard copy forms. Evaluations are attached to all CPD courses in the DLC and are available following completion of the course. The course evaluations are required for course completion.

The online course evaluations rate course content, understanding, and relevance to job responsibilities. Rating categories include a Likert Scale of Excellent, Very Good, Good, Fair or Poor. Also included in the evaluations are open-ended questions under each category, requesting ideas on improvements. Relevant themes are developed regarding the trainee's perception of effectiveness of training content, process, relevance to their job, and trainer performance. The evaluations are reviewed following the training and used to inform training content, learning strategies, trainer competence, and delivery. Participants rate the content for its direct applicability to their job and if their knowledge and skill level increased by the end of the training. The raw survey data indicates the rating from participants observed in the greatest frequency across the 14 DFS pre-service trainings in SFY2018 falls into the "very good" range. Additionally, the raw survey data observed in the greatest frequency from participants completing in-service training in SFY2018 also falls into the "very good" range.

In June 2016, CPD added online DFS New Employee Midpoint and System Evaluations to the DLC. The Midpoint Evaluation is administered at the midpoint of training and includes a follow-up Quality Check-In meeting between CPD and new hires. The System Evaluation is administered upon completion of the New Hire Curriculum (3rd month). These evaluations allow CPD to collect data about the entire experience of new hire training, mentor engagement, supervisory support, and functional responsibilities. The Quality Check-In meeting reinforces the use of the SOP Three Questions (What are we worried about? What is working well? What needs to happen next?) to further discuss the new hires' experiences to date. By meeting at the midpoint of new hire training, CPD is able to address issues in a timely manner and to reverse any negative trends. CPD provides the supervisors and administrators with updates on trends and information gathered from the Midpoint and System Evaluations, as well as the Quality Check-In meetings.

The Mandatory Reporting Workgroup under CPAC's Training Committee updates the mandatory reporting training programs for educators, general community, professional audiences, and medical professionals on a yearly basis. In December 2014, CPAC partnered with the Medical Society of Delaware to revise the medical training and to obtain approval for continuing medical education credit. Both onsite and web-based formats are available for each training program; all web-based training is accessed through OCA's online training system at <http://ocade.server.tracorp.com/>. For public schools, the Department of Education's Blackboard course management system hosts the web-based training for educators. Additionally, staff from DSCYF, DOJ, and OCA conducted onsite training sessions for educators and general professional audiences.

Mandatory reporter training is statutorily mandated for school teachers each year and for physicians to be relicensed. From April 2017 to April 2018, the total number of individuals trained are as follows:

Training Type	Onsite	Online DOE	Online OCA	
General	443	n/a	502	
Medical		n/a	237	
School	431	7,515	269	
Totals	874	7,515	1,008	9,397

Christiana Care Health System employees completed the mandatory reporting training through their internal learning management system: 755 (general training) and 65 (medical training).

Objective: Establish policy and provisions to identify, document and serve foster children who also may be victims of sex trafficking.

Rationale: Children and youth in foster care, especially those who runaway, are especially vulnerable to exploitation and minor sex trafficking. The new federal Preventing Sex Trafficking and Strengthening Families Act requires attention to this special population.

Outcome: Delaware victims of sex trafficking are protected from further exploitation and abuse.

Benchmarks:

1. Collaborate with law enforcement agencies and Department of Justice to implement protocols to report missing children to law enforcement and entry into the National Crime Information Center. Timeframe: Ongoing to September 2019. Measure: Documentation of reporting missing children to law enforcement for entry into the National Crime Information Center.

Progress Report: Missing foster children are tracked and reported monthly. One hundred percent of missing children are listed as reported to law enforcement. DFS' special investigators assist in locating and returning them to foster care settings. When a foster child is missing or has a runaway episode, the child is entered into the National Center for Missing and Exploited Children. Delaware has implemented policy and practice for the identification and reporting of missing children. Delaware has also engaged in collaboration meetings with the Federal Bureau of Investigation (FBI).

Safety Measures:

1. Quality Assurance: Measurement for child safety is a composite of questions in investigation and treatment assessing safety in the child's residence. Goal is 100% will be assessed as safe.

Performance: For CY2017, 95 investigation QA case reviews were completed. Safety performance is measured against 9 questions addressed in the statewide review instrument. Questions address assessing the correct household, children subject to assessment, and if safety outcomes are appropriately identified and supported. For this period, the composite outcome was 92.9%. The core safety question asks if the final safety determination was appropriate for all children in the household. The reported performance outcome was that 97.9% of the cases have appropriate safety determinations.

2. National Standard: Absence of maltreatment recurrence. Goal is 94.6% or higher.

Performance: For SFY2017, DE performance was 98.5% for this measure.

3. National Standard: Absence of maltreatment in foster care. Goal is 99.68% or higher.

Performance: For SFY2017, DE performance was 100% for this measure.

Delaware reserves the option to revise measures based on release of new national standards and development of internal reports.

B. Permanency**Goal: Children maintain or achieve timely permanency**

Rationale: Every child deserves to grow up in a stable, nurturing permanent home. Data for timely permanency goal achievement are mixed.

Objective: Implement family search and engagement practice.

Rationale: AECF assessment and Outcomes Matter initiative identify family engagement strategies and tools vital to timely permanency outcomes such as family preservation, reunification and other permanency outcomes. System data on reunification within 12 months from the most recent removal from home indicates an area needing improvement. Community professionals and caseworkers agree the 2015-2019 CFSP should include strategies to improve timely permanency.

Outcome: Children remain safely in their own homes and exit to timely permanency when in foster care.

Benchmarks:

1. Fully implement statewide strategies, tools and supports to conduct successful family search and engagement activities across all program areas to strengthen family connections and placement options for at-risk children and youth. This includes family team meetings and record mining to locate and contact relatives. Timeframe: December 2017. Measure:

Percent of initial and current relative foster care placements per the Entry Cohort Longitudinal Database (ECLD).

Progress Report: TDM meetings require workers to invite maternal and paternal extended family whenever feasible. For SFY2017 mothers attended 76% of all TDM meetings, father attended 43% of meetings, and youth attended 67% of meetings. Relatives and informal support persons attended 71% of meetings. Because maternal and paternal relatives attend TDM meetings, it provides DFS with a much larger pool of resources for placement and support.

The family engagement PIP workgroup has developed a Practice Guide for Family Team Meetings. This workgroup is also reviewing and revising policy related to family engagement. The workgroup is conducting training for staff on family team meetings by the end of CY2018.

The Family Strengths and Needs Guide (FSNG) is the SDM[®] tool adopted by DFS. A part of the FSNG is to complete a genogram or ecomap. When this is completed with families, it helps identify and locate other relatives.

From April 1, 2017 to March 31, 2018, 179 of 1,200 children in placement were living with relatives (sources are FACTS and FOCUS). The ECLD database is currently not available.

2. Use a continuous quality improvement framework to monitor and guide implementation of family search and engagement practice by reviewing DFS data and Quality Assurance case review reports with DFS staff and system partners. Identify areas needing improvement and implement corrective actions. Timeframe: June 2016 to September 2019. Measure: Documentation of CQI policy and procedure. Production of SDM[®] data reports from FACTS and case reviews. Meeting minutes documenting findings and recommendations.

Progress Report: This benchmark remains pending.

3. Until a CQI system is operational, use existing data reports, Quality Assurance case review reports and feedback from DFS staff, trainers and system partners to monitor implementation of family search and engagement processes and outcomes. Use existing DFS forums to recommend and implement corrective actions through training, supervision and technical assistance. Timeframe: Ongoing until CQI system is operational. Measure: Production of data reports from case reviews; meeting minutes documenting findings, recommendations, actions taken and results.

Progress Report: In February 2018, Delaware entered into a contract with the National Council on Crime and Delinquency to enhance Delaware's safety assessment and planning practice skills through training and coaching, and strengthen supervisory coaching skills to supervise SDM[®] and SOP. The training and coaching includes conducting safety assessments in partnership with families.

TDM workgroup meets quarterly and reviews data reports on family member participation. Current TDM database reports and case review findings are not available but will resume in the next 6 months.

DFS continues a contract with Children & Families First to provide 'Family Finding', a family search and engagement (FSE) service to children who are in foster care for more than 3 years and have a goal of Termination of Parental Rights (TPR)/Adoption or Another Planned Permanent Living Arrangement (APPLA). This service is expanded to include non-TPR'd children and children who are in foster care less than 3 years and assigned to treatment units. The contract also includes 'Family Outreach'. This service ranges from 6 to 9 months per case to mine records and case participants for information not readily available. The service locates and engages relatives and other important relations for children in foster care with the objective of locating permanent resources and lifelong connections. In most cases, a number of family members are found and become engaged in a child's life. Even when resources do not emerge as a placement, families are often ready and capable to provide pictures, stories, and some family history for the child. In DFS case progress notes in investigation through permanency, there is documentation that caseworkers use various FSE tools and strategies. FSE activities are also documented in family team meetings and STEPS (Stairways to Encourage Personal Success) meetings. Search activities used by caseworkers include sending notification letters to relatives, mining the case record, and using internet search tools (US Search, Facebook). Caseworkers use tools such as genograms, Eco Map and MY LIFE to gather information about family resources.

Objective: Improve foster care placement stability and support adoptive families.

Rationale: Placement stability data indicates an area needing improvement. Early data indicators of *Outcomes Matter* show promising outcomes for early foster care episode placements. DFS, its sister Divisions of Prevention and Behavioral Health Services and Youth Rehabilitative Services are collaborating to expand community-based services for teens. Recent data on children exiting to adoption within 24 months is the best on record; the agency wants to continue timely adoptions.

Outcome: Foster children have lower rates of replacement.

Benchmarks:

1. Recruit in-state foster homes to meet the needs of minorities, teens, siblings groups and children with special needs. Timeframe: Ongoing to September 2019. Measure: Annual number of new foster parents serving minorities, teens, siblings groups and children with special needs.

Progress Report: For CY2017 there were 716 children placed in foster care. During CY2017, DFS approved 40 foster homes. There was an increase in inquiries and a higher number of families referred to training and assessment. Improved tracking of families interested in sibling groups indicates many families are interested in sibling groups. Twenty of the approved families were interested in fostering sibling groups and 11 began fostering siblings following approval. The struggle this year was recruiting homes for large sibling groups of 5 or more children. Most foster families are not equipped to manage that many

children. Medically needy infants have increased and foster parents get additional training from the local children's hospital successfully manage the needs of these children.

2. Implement a statewide foster parent recruitment plan. Timeframe: Ongoing to September 2019. Measure: Issuance of plan and annual reporting of progress towards goals and objectives.

Progress Report: The recruitment plan continues with informed adjustments to targeted recruitment and monitored at monthly meetings with foster home coordinators evaluating the needs of children entering foster care. Emphasis on the need for sibling group foster homes continued and there was a strong interest in fostering sibling groups by those inquiring at events or online. Online information session registration became active during this reporting period, which was a significant addition to gathering relevant information and tracking. The statewide recruiter sends email blasts and makes monthly phone calls to remind recruits of information sessions. Follow up contact engages families during the initial phases of the approval process.

3. Continue post-adoption services to strengthen bonding and prevent disruptions. Timeframe: Ongoing to September 2019. Measure: Number and percentage of adopted children re-entering foster care.

Progress Report: DFS has a contract with A Better Chance for Our Children (ABCFOC) to provide adoption services for children in foster care. In 2007, DFS expanded the contract with ABCFOC to include post-adoption services for children who exited foster care via adoption or permanent guardianship. The agency has a 24-hour hotline for families in crisis. The activities include information and referral, crisis assistance, statewide trainings on adoption-related topics, support groups for parents, therapy and support groups for children, Love and Logic parenting, Rec N Respite, and parent/child bonding workshops. In addition, ABCFOC provides parent training workshops with various speakers at a minimum of 6 times throughout the year and statewide. The topics have included Love and Logic Classes, Fetal Alcohol Spectrum Disorders (FASD) workshops, Lying and Stealing Workshops, Understanding the Importance of Birth Parents, Bonding workshops, Parenting Children who are Traumatized, Diverse Family Group Celebration of Black American Heroes, Diverse Family Group presentations on Culture and Ethnicity, and a number of trainings on MY LIFE to child attorneys, DFS caseworkers and supervisors, as well as community agencies.

Some of these support groups and activities are in conjunction with referrals that come from DFS foster care, private agency adoptions, other state adoptions, international adoptions and the families themselves seeking post adoption training and support services. Referrals for post-adoption services are increasing in recent years. During this reporting period from April 1, 2017 to March 31, 2018 there were approximately 50 children attending post adoption support groups each month including recreation/respite program with an additional 20-30 parents attending monthly classes such as love and logic, educational workshops, or support groups statewide. Those children and families were a

combination of those with adoptions occurring in Delaware as well as other states and international adoptions.

DFS continues to contract out post-adoption services with A Better Chance for Our Children who provides services statewide for families touched by adoption and permanent guardianship. DFS has also added an information and consent form to the adoption and permanent guardianship agreements so that DFS may provide ABCFOC with the names and contact information of families who are finalizing adoptions and permanent guardianships. They are added to ABCFOC's email list to be aware of upcoming events and to allow check-ins at key points over time. These activities promote early intervention services before crises arise.

For the period April 1, 2017 to March 31, 2018, 2 children entered foster care resulting from an adoption dissolution. Neither of those children remain in foster care as of this report. One child exited from foster care when a non-relative foster parent received permanent guardianship of the child. The other child aged out of care from a residential treatment step down facility. There were 7 adoption disruptions. Five of those were out of state adoptive placements. Three of the 7 were siblings placed together. The 3 siblings returned to DE and are in subsequent pre-adoptive placements. One of the children who returned to DE after disrupting her out of state placement is adopted by the family who adopted her siblings.

4. Use a continuous quality improvement framework to monitor foster care and adoptive placement stability by reviewing DFS data (foster parent recruitment/training and placement stability), foster parent surveys, Quality Assurance case review reports and adoption disruption/dissolution data with DFS staff and system partners. Identify areas needing improvement and implement corrective actions. Timeframe: June 2016 to September 2019. Measure: Documentation of CQI policy and procedure. Production of placement stability data reports from FACTS and case reviews; meeting minutes documenting findings and recommendations.

Progress Report: This benchmark is pending.

5. Until a CQI system is operational, use existing data reports, Quality Assurance case review reports, contractual performance measures and feedback from DFS staff, trainers and system partners to monitor foster parent recruitment, training and placement stability. Use existing DFS forums to recommend and implement corrective actions through training, supervision and technical assistance. Timeframe: Ongoing until CQI system is operational. Measure: Production of data reports from case reviews; meeting minutes documenting findings, recommendations, actions taken and results.

Progress Report: Separate monthly meetings are held with both foster care coordinators for DFS managed homes and private agencies for contracted homes with discussion points around placement needs, status and quality of homes, training for foster parents and other issues arising for that group. Capacity reports are shared; as of June 2018, there are approximately 478 approved foster homes in Delaware. There are approximately 665

children in foster care placements with 102 placed with relatives or non-relatives. Improved outcome reporting applying the impact of Ice Breaker meetings on placement stability and reunification timeliness is under evaluation. In 2017, semiannual meetings with both the coordinators and private agencies and with private agencies and DFS caseworker supervisors enhances communication. These additional meetings improve understanding of placement resource challenges and improve quality of care.

Objective: Improve timely exits to reunification, adoption and guardianship for foster children.

Rationale: Data reports for timely permanency outcomes such as family preservation, reunification and other permanency outcomes are mixed. Agency wants to improve rate of reunification without increasing foster care re-entry rates. AECF assessment recommendations and *Outcomes Matter* identify kinship care programming as a strategy to achieve timely exits. Agency wants to continue strong performance for timely adoptions within 24 months of entering foster care.

Outcome: Shorter lengths of stay in foster care for children exiting to reunification, adoption and guardianship.

Benchmarks:

1. Provide MY LIFE programming to all appropriate foster children and youth; prioritize children with a permanency plan of adoption or APPLA. Timeframe: June 2018. Measure: Number of children and youth by permanency goal receiving MY LIFE services.

Progress Report: The MY LIFE (My Young Life In Foster care Explained) Program is DFS' adaptation of the 3-5-7[©] Model developed by Darla L. Henry, PhD, MSW, of Darla L. Henry & Associates, Inc. The 3-5-7 Model[©] is a state-of-the-art, evidence-informed relational practice supporting the work of children, youth, individuals and families in rebuilding their lives after experiencing traumatic events, specifically as they relate to losses. MY LIFE services have been provided since 02-28-11 via DFS special needs adoption contracts with A Better Chance for Our Children, Bethany Christian Services, Children & Families First, and Children's Choice. New activities since 2016 include adding reunification cases as recommended by Permanency Planning Committee (PPC) to eligible populations. Referrals in general have steadily increased since 2011. From April 1, 2017-March 31, 2018, MY LIFE services were provided to approximately 337 children. New referrals are received monthly statewide.

Initial MY LIFE training was provided in 2011 to DFS and contracted agency staff by Darla Henry and Stephanie Hodge Wolfe of Darla L. Henry & Associates, Inc. Since 2011, MY LIFE training was delivered in 2012, 2014, 2015 and 2016. Contracted private adoption agency staff attended group sessions to supplement the individual sessions in the summer of 2017. DFS and Stephanie Wolfe of Darla L. Henry & Associates, Inc. are in the process of planning a "booster" MY LIFE training planned for early fall 2018. This training will offer an overview via web presentation to newer workers and provide opportunity to learn from their seasoned peers. From there, DFS and private agency staff will meet for a daylong session to help service providers problem solve barriers to the program and overall permanency achievement.

The next step for MY LIFE is extending access to children with goals of reunification. DFS hopes to fully implement this objective, pending sufficient funding. The goal is to assist children in foster care with their difficult work of grief and loss so that they are more prepared to accept permanency decisions and to be able to form more trusting relationships in the future. The timeframe for this benchmark is revised to June 2019 due to the number of staff turnover, available funding resources and reformatting the current DFS policy manual.

2. Research, develop and implement kinship care programming. Timeframe: September 2017. Measure: Number of children placed in approved kinship homes.

Progress Report: The kinship program expanded statewide in 2016 and has continues to grow. The kinship committee was unable to meet consistently in 2017 due to competing priorities, however progress has continued. There were 16 approved kinship families in CY2017. Several of these youth achieved permanency through reunification and 3 achieved permanency through adoption. The 15-month benchmark of the program was reached by one family and an extension was granted. Continued supports were provided and permanency ultimately was achieved with reunification. There are 11 kinship families approved to be part of the program moving into CY2018. The program offers added supports to kinship care placements including ongoing training, financial stipends, community supports, and staff supports. These caregivers are not licensed, but are evaluated for safety and ability to meet the children's needs.

3. Collaborate with the Family Court through local and state level meetings and review of DFS and CIP key measures to strategically plan strengthening legal processes to improve timely permanency. Timeframe: Ongoing to September 2019. Measure: Meeting minutes documenting review of data reports and actions taken.

Progress Report: Recommendations from the CFSR PIP permanency workgroup include the following: 1. Concurrent planning earlier in a case; in particular at Permanency Planning Committee 9 month reviews; 2. CIP will recirculate the recently released CIP Leading Practices report which outlines recommended court practices for all CIP cases; 3. Monitoring delays in receiving court orders over 90 days; 4. DOJ and OCA will assess the legal history of all parties to determine legal presumptions; 5. DFS and provider agencies will communicate with resource parents when there are delays about any permanency decisions to explain information available; 6. The child's planning team to implement family search and engagement services earlier in a case and expand contracted FSE services.

CIP and DFS are jointly planning a statewide permanency training focused on improving permanency planning for older youth in July 2018. Training objectives are: increase the awareness and importance of family search and engagement, explore additional strategies on how to rely less on the plan of APPLA for older youth, understand how to correctly utilize guardianship/permanent guardianship as viable permanency options, increase knowledge of evidence based interventions for case workers and staff, engage in discussion around how to approach concurrent planning with case planning. A separate training will

occur later in 2018 that will entail a panel discussion between Family Court Judicial Officers and DFS staff to enhance communication and understanding as to how court decisions are made and orders issued. These trainings strengthen legal processes to improve timely permanency.

4. Continue expediting permanency goal review by caseworkers, supervisors, child advocates and local permanency planning committees of children age 5 and younger. Timeframe: Ongoing to September 2019. Measure: Number of children age 5 and younger reviewed by permanency committees before the 9th month.

Progress Report: Children under the age of 5 are reviewed by the supervisor, child attorney, Deputy Attorney General (DAG) and local PPCs in each region for fast tracking to permanency, if early indications are the child cannot return home, birth parents had prior involuntary termination of parental rights, birth parents have felony convictions and maybe incarcerated, or birth parents whereabouts are unknown. Permanency Planning Committee meetings include DFS managers and supervisors, representatives from the Office of Evidenced-Based Practice, private agency service providers, and representatives from YRS. Young children are prioritized for reviews and are reviewed frequently by DFS and the court until permanency is achieved. For children age 5 and younger, caseworkers consider past history with DFS and consult with legal counsel for further discussion. Judges also direct DFS workers to refer such cases to the PPC. Supervisory case conferences focus on the permanency planning efforts and activities for the younger children. Referrals for MY LIFE, child specific recruitment and FSE can be completed as needed and as appropriate. From April 1, 2016 through March 31, 2017, there were 564 children reviewed by the PPC statewide. From April 1, 2017 through March 31, 2018, there were 602 children reviewed by the PPC statewide or a 7% increase; 255 of those were children 5 and younger. The increase is believed to be driven by parental substance abuse issues, mental health issues of birth parents, incarceration of the birth parents and homelessness. From May 2017 through April 2018, PPC reviewed 34 children who were 5 and under and in care less than 10 months (Beech Street - 11, Kent - 10, University Plaza - 5, Sussex - 8)

There continues to be an emphasis on children age 5 and younger even though all children placed in foster care are reviewed for expedited permanency planning, if applicable. For this reporting period from April 1, 2017 through March 31, 2018, there were 117 children adopted and 81 or 69% of those children were age 5 or younger.

5. Use a continuous quality improvement framework to monitor exits to permanency by reviewing DFS data, CIP key measures and Quality Assurance case review reports with DFS staff and system partners. Identify areas needing improvement and implement corrective actions. Timeframe: June 2016 to September 2019. Measure: Documentation of CQI policy and procedure. Production of permanency exit data reports from FACTS and case reviews; meeting minutes documenting findings and recommendations.

Progress Report: This benchmark is pending.

6. Until a CQI system is operational, use existing data reports, CIP key measures, Quality Assurance case review reports and feedback from DFS staff, trainers and system partners to monitor timely permanency. Use existing DFS and CIP forums to recommend and implement corrective actions through training, supervision and technical assistance. Timeframe: Ongoing until CQI system is operational. Measure: Production of data reports from FACTS and case reviews; meeting minutes documenting findings, recommendations, actions taken and results.

Progress Report: Permanency measures are referenced in the Section II. Assessment of Performance. CIP, DFS and CPAC all track permanency measures. To improve timely permanency outcomes for teens, a CIP sponsored training event is scheduled for July 10, 2018.

Objective: Reduce the number of youth exiting foster care at age 18.

Rationale: The number of youth with APPLA goals was 321 for FFY2008, current DFS data states 120 youth with APPLA goals. The agency wants to continue to reduce the number of youth exiting foster care at age 18.

Outcome: Reduced number and percentage of youth exiting foster care at age 18 without permanency.

Benchmarks:

1. Analyze system and case specific data on youth served by Family Informed Resource Support Teams (FIRST) to improve services to stabilize in-state placements, support timely permanency and reduce the number of youth exiting foster care at age 18. Timeframe: June 2016 to September 2019. Measure: Report of permanency outcomes on population served by FIRST initiative.

Progress Report: FIRST meetings support youth and families to remain in or return to the community or the least restrictive setting possible for youth ages 4 – 18. The expressed goal is not to prevent placements but to support the current placement at time of enrollment aimed to prevent youth from entering deeper end services. FIRST recorded post-meeting outcomes for the period August 2016 – December 2017. The outcomes review includes a 30-day post-case review and a survey interview with families who choose to participate. Data for additional case reviews (90-day and annual) will be available in 2018.

The 30-day outcomes review included 44 eligible families.

- 77% of youth were placed in home with parents or with a relative at the time of enrollment.
- 63% of youth were with parents or with a relative placement at time of the 30-day review.
- 23% (10 youth) of youth were placed in in-state foster care placement at the time of enrollment.
- 23% (10 youth) of youth were placed in in-state foster care at the time of the 30-day review. (The percentage does not represent the same 10 youth at the time of enrollment and the review).

- 14% of the youth that were with parents, relative or foster care at the time of enrollment were placed in in-state residential treatment, in-state group care or detention at the time of the 30-day review. An analysis completed in mid-December 2017 of this 14% showed that these youth were returned to their original placement with the exception of one youth who was transitioned to an out-of-state placement.
- 68% of youth had no prior adjudications prior to enrollment. Thirty-two percent of youth had prior adjudications. At the time of the 30-day review, 98% of youth did not acquire new adjudications from the time of enrollment. Two percent of youth had new adjudications at the time of the 30-day review.
- 29 families out of the 44 universe (66%) participated in the survey.
 - 90% of respondents reported they were satisfied with the FIRST process (flexibility with the family's schedule, timely follow up, FIRST reports submitted to the family, services and ideas presented to family and lastly, implemented services).
 - 81% believed that the individual implemented service met the youth or family's need.

FIRST recommends this benchmark be revised to: Striving to develop creative child-centered, family-focused, community-based individualized service plans based on family strengths and needs, FIRST will explore a system report to measure stability and permanency outcomes for FIRST clients that includes placement stability stats, family satisfaction and measurements of needs met.

Objective: Strengthen permanency planning for children age 15 and younger.

Rationale: P.L. 113-183, Preventing Sex Trafficking and Strengthening Families Act, limits APPLA goal choices to youth age 16 and older.

Outcome: Increased number and percentage of children and youth age 15 and younger exiting foster care to reunification, adoption or guardianship.

Benchmarks:

1. Use family search and engagement strategies tools and supports to conduct successful family search and engagement activities across all program areas to strengthen family connections and permanency options for at-risk children and youth. This includes family team meetings and record mining to locate and contact relatives. Timeframe: June 2017. Measure: Number and percentage of children exiting to reunification, adoption or guardianship.

Progress Report: The family engagement PIP workgroup has developed a Practice Guide for Family Team Meetings. This workgroup is also reviewing and revising policy related to family engagement and relative notification letters. The workgroup will conduct training for staff on family team meetings by December 2018. From January 1, 2017-January 31, 2018, 117 children exited care via adoption finalizations. Sixty-nine percent were 0-5 years of age, 29% were 6-12 years of age, and 2% were 13 years of age or older. For SFY2017, reunification within 12 months from the most recent removal is 69.6%, 5.6% below the CFSR Round 2 national standard. Permanency exit reports for guardianship is currently unavailable; more general permanency measures are listed in benchmark 3 below.

2. Use a continuous quality improvement framework to monitor exits to permanency by reviewing DFS data and Quality Assurance case review reports with DFS staff and system partners. Identify areas needing improvement and implement corrective actions. Timeframe: June 2016 to September 2019. Measure: Documentation of CQI policy and procedure. Production of permanency exit data reports from FACTS and case reviews; meeting minutes documenting findings and recommendations.

Progress Report: This benchmark is pending.

3. Until a CQI system is operational, use existing data reports, Quality Assurance case review reports and feedback from DFS staff, trainers and system partners to monitor timely permanency. Use existing DFS forums to recommend and implement corrective actions through training, supervision and technical assistance. Timeframe: Ongoing until CQI system is operational. Measure: Production of data reports from FACTS and case reviews; meeting minutes documenting findings, recommendations, actions taken and results.

Progress Report: DFS reviews national data profile permanency measures at Senior Leadership Team meetings at least twice per year as available. Permanency data, measures and performance were discussed CIP Steering Committee meetings. The information is also shared at statewide permanency work groups, meetings with the contracted adoption agencies, at the MY LIFE quarterly meetings, and the Interagency Committee on Adoption. The national profile scaled scores for SFY2017 for Permanency Composite 2: Timeliness to Adoption and Permanency, finds DE exceeded the national standard. The National Composite Permanency Measure 2 score is 106.4 or greater. The State Composite Permanency Measure 2 score was 134.6. Agency and community partners believe initiatives on family engagement, SDM[®], SOP and frequency of court reviews contribute to this strong performance. For Composite 3: Permanency for Children and Youth in Foster Care for Long Periods of Time, DE's performance exceeded the composite scaled score for SFY2017. The National Composite Permanency Measure 3 standard is 121.7 or greater, Delaware scored 128.3. Permanency data is a component of the CPAC Dashboard and CIP Key Measures Report. These reports are regular agenda items for CPAC and CIP Steering Committee meetings.

Objective: Continue to work with system partners to identify and reduce barriers to permanency.

Rationale: Community professionals and DFS staff identify joint efforts as necessary to build infrastructure and enhance service array for improved permanency outcomes for children and families.

Outcome: System wide infrastructure and service array supporting timely permanency exits from foster care.

Benchmarks:

1. Participate in strategic planning efforts of the Department of Services to Children, Youth and Their Families to promote collaboration and coordinated service delivery to multiple division youth served by child welfare, behavioral health and/or juvenile justice systems.

Timeframe: Ongoing to September 2019. Measure: Meeting minutes documenting attendance and coordination of service delivery.

Progress Report: During the period of August 2016 through December 2017, FIRST held 69 family meetings focused on current concerns and needs for both the youth (ages 4 – 18) and family members. Sixty-one percent of family meetings were held in the community (family residence, community or school setting) and 39% were held at a state office location. FIRST makes every effort to combine a scheduled division meeting with a FIRST meeting to reduce the number of meetings the family attends. As a result, 33% of meetings were combined. The meeting is a one-hour facilitated meeting that encourages the family to lead the discussion and coordinates a date/time based on family and other participants' availability. Attendance percentages are: Youth (ages 10-13) 73% (youth under the age of 10 are not factored into the attendance percentage); Parent/Guardian 96%; Family Support 6%; Service Provider 35%; Professional Support (GAL, CASA, etc.) 7%; DFS staff 88%; DPBHS staff 98%; and DYRS staff 89%.

Services coordinated included childcare, employment opportunities for the youth or family member, mentoring service, recreational activities, advocacy programs, clothing and incidentals (including furniture), food programs, financial support, life skills, housing, support groups, vo-tech training programs and general resources available within the local neighborhood. Partnership outreach within each county allows FIRST to leverage existing services and work with providers to individualize their service to meet the specific needs of the family. FIRST has identified 739 providers statewide.

The Placement Resource Team, an interdivisional consultation team meets biweekly to provide case level support to providers and caseworkers. The team evolved from its original function of locating placements to doing consults on newly placed out of state children. Objectives include reducing barriers to discharge from residential settings and assisting teams in finding resources to support the return of youth to the community.

There are several multiple strategic planning efforts across the department to promote collaboration and coordination of service delivery to youth that are active with multiple divisions. The Trauma Informed Care Committee is a multidivisional planning and implementation team working to develop a trauma informed system within the department. Trainings are offered in person and through the Delaware Learning Center and required for all incoming staff and supervisors. Policies and contracts also include language that promote best practices related to being trauma informed. Performance plans and reviews reflect these best trauma informed care practices and all employees will be incorporating them into their daily work.

The Department Medication Committee consists of providers and department representatives and meets quarterly to review psychotropic medication policies, practices and monitoring efforts. Data reports are shared as well as trouble-shooting related to our new information management system. One major goal is reducing the overreliance on antipsychotic medications to manage aggressive and challenging behaviors. Best practices related to service delivery and an annual report is compiled.

The Residential Workgroup, consisting of representatives from each division, meets monthly to explore improvement of community based-services and reducing the residential stays of youth, especially youth placed out of state. Continuous exploration of national best practices in service delivery, as well as opportunities for fiscal restructuring to improve funding for community services in order to prevent placement of youth in more restrictive settings is the goal of this strategic planning committee.

2. DFS leadership to monitor meeting attendance and system partner feedback regarding collaborative effort to reduce barriers to permanency. Ongoing to September 2019. Measure: Meeting minutes and feedback from system partners.

Progress Report: DFS' director, deputy director and operations administrator attend quarterly CPAC meetings where performance and operational topics are presented. The director, deputy director and CFSR/CFSP coordinator participate in CIP steering committee meetings where court process and permanency data are presented. The agency identifies persistent barriers to improving permanency outcomes as high workload, caregiver substance abuse and consistent family engagement activities throughout the life of a case. Delaware Multisystem Healthy Action Committee is charged with planning how to serve families with substance abuse better through a multi-agency approach. Program managers and regional administrators attend these committee meetings. In response to the high workload, the Governor's Recommended Budget for FY2019 includes 30 caseworker, supervisor and administrator positions.

Permanency Measures:

1. Caseworker foster care contacts. Measure 1: Percent of the total visits that would be made if each child were visited once per month; and, Measure 2: Percent of those visits occurring in the child's residence. Goal for Measure 1 is 95%. Goal for Measure 2 is 50.5%.
2. National Standard: Permanency Composite #4 with component scores.
 - Scaled state composite score. Goal is 101.5 or higher.

Performance: For SFY2017, the scaled composite was 92.7%.

- Of those children in care less than 12 months - percent with 2 placements or less. Goal is 86% or higher.

Performance: For SFY2017, the performance for this measure was 78.9%.

- Of those children in care for 12 but less than 24 months - percent with 2 placements or less. Goal is 65.4% or higher.

Performance: For SFY2017, the performance for this measure was 62.3%.

- Of those children in care 24 or more months - percent with 2 placements or less. Goal is 41.8% or higher.

Performance: For SFY2017, the performance for this measure was 36.5%.

3. National Standard: Reunification within 12 months from the most recent removal from home Goal is 75.2% or higher.

Performance: For SFY2017, the performance for this measure was 69.6%.

4. National Standard: Adoption within 24 months from the most recent removal from home. Goal is 36.6% or higher.

Performance: For SFY2017, the performance for this measure was 46.1%.

5. Quality Assurance: Measurement is the percent of placement and permanency case reviews agreeing with APPLA (Another Planned Permanent Living Arrangement) goal selection. Goal is 95% or higher.

Performance: No data available at this time.

Delaware reserves the option to revise measures based on release of new national standards and development of internal reports.

C. Well-Being

Goal: Families are empowered to meet their own needs

Rationale: Guiding principles for the CFSP emphasize family engagement in assessment, planning and service delivery to internalize positive change based on strengths and achievements. The AECF assessment and *Outcomes Matter* promote active family engagement strategies to help families plan for their needs.

Objective: Fully engage at-risk families in assessment, planning and service delivery activities.

Rationale: Children and families are more likely to actively engage in a plan in which they had a key role in designing. Key decisions include family and youth voices. AECF assessment and *Outcomes Matter* promote family engagement strategies and tools.

Outcome: Successful and timely assessment, planning and services with parents and youth participation while maintaining safety of children of families served.

Benchmarks:

1. Continue Team Decision Making statewide for children at risk of removal from their homes. Timeframe: Ongoing to September 2019. Measure: Data reports on number, participants, recommendations and outcomes of TDM meetings.

Progress Report: The DFS data unit provided monthly data reports detailing TDM activity. Monthly reports are not currently available; however, the TDM facilitators consistently enter information into the TDM Database. Monthly reports are resuming in the near future. TDM workgroup meets quarterly. During these meetings trends emerge, as well as, discussion around fewer TDM occurring pre-removal. For SFY2017 mothers attended 76% of all TDM meetings, fathers attended 43% of meetings, and youth attended 67% of meetings. Relatives and informal support persons attended 71% of meetings. Foster parents

and other caregivers attended 12% of the meetings and agency partners attended 94% of meetings. DFS diverted 32.9% of children from entering DFS foster care.

2. DFS Program Support Team to conduct literature reviews, contact states' liaison officers, research evidence-based models as promoted by Child Welfare Information Gateway, Child Welfare League of America and American Humane Society and make recommendations for improving the continuum of family preservation, reunification and support interventions. Timeframe: June 2019. Measure: Documentation of research, findings, recommendations and action taken.

Progress Report: This benchmark is pending. Treatment program manager is hired and preparing for competitive bidding of family support contracts.

3. Conduct Ice Breaker meetings between biological families and foster parents when children enter care to share information and strengthen child normalcy. Timeframe: June 2016 to September 2019. Measure: Ice Breaker meeting reports and statistics.

Progress Report: Ice Breakers continued in 2017, but at a lower frequency or under reported. A re-emphasis on the need to hold Ice Breakers occurred in the fall of 2017 and there is an increase in the number of meetings held. Feedback continues to be that these meetings improve communication and overall care of the child. DE intends to track placement stability or reunification statistics for this population starting 2018. In addition, DFS did not implement Ice Breakers with group home placement settings, but there are plans to implement by early 2019. There were 94 formal Ice Breakers reporting in CY2017. Sixty-four occurred after the initial 5 days and 30 were within 5 days of placement. Ice Breaker tracking was adjusted to counts within 1 week, within 2 weeks or after 2 weeks of placement. Best practice is to hold sessions in the 1st week of placement.

4. Use a continuous quality improvement framework to monitor and guide implementation of family engagement practice by reviewing DFS data and Quality Assurance case review reports with DFS staff and system partners. Identify areas needing improvement and implement corrective actions. Timeframe: June 2016 to September 2019. Measure: Documentation of CQI policy and procedure. Production of SOP data reports from FACTS and case reviews. Meeting minutes documenting findings and recommendations.

Progress Report: This benchmark is pending.

5. Until a CQI system is operational, use existing data reports, Quality Assurance case review reports and feedback from DFS staff, trainers and system partners to monitor implementation of TDM and SOP. Use existing DFS forums to recommend and implement corrective actions through training, supervision and technical assistance. Timeframe: Ongoing until CQI system is operational. Measure: Production of data reports from case reviews; meeting minutes documenting findings, recommendations, actions taken and results.

Progress Report: See Safety, Goal: At-risk children are safe and protected from harm, Objective: Implement Safety-Organized Practice (SOP) across all program areas, Benchmark 1 for discussion of the Information Sharing and Consultation Framework.

The DFS data unit provided monthly data reports detailing the number of children entering care and TDM occurrence. Monthly reports are currently not available, however, the TDM facilitators consistently enter information into the TDM database. Monthly reports are resuming in the near future. Policy requires that every child entering care have a TDM unless there is an exception reason why a TDM is unnecessary. Only a Regional Administrator or an Assistant Regional Administrator can grant a request for an exception. For SFY2017, exceptions were granted for 37 children (15%) entering care.

Goal: Youth are empowered to meet their own needs

Rationale: Youth are more successful achieving independence when supported by individualized planning and services. Including youth in system wide planning has resulted in improved services. Rates of high school graduation and employment indicate areas needing improvement.

Objective: Promote timely permanence and increase opportunities available to young people in employment, education, personal and community engagement.

Rationale: Rates of teens aging out of foster care at age 18, high school graduation and employment indicate areas needing improvement. Early success with financial assistance for young adults needs to continue. Strong individual and system planning includes the voice of youth. Education and employment measurements indicate areas needing improvement.

Outcome: Lower rate of foster youth exiting foster care at age 18. Increased graduation and employment rates for young adults. Increased rates of youth reporting personal and community connections.

Benchmarks:

1. Use family search and engagement strategies (e.g. family meetings and record mining) to build connections and supports for foster youth and young adults aging out of foster care. Timeframe: Ongoing to September 2019. Measure: Quality Assurance case review and independent living data reports.

Progress Report: In August 2017, policy was revised around the Child Plan and Child Plan Reviews for youth 14 years and older, allowing youth to participate in the planning and invite up to 2 supports chosen by the youth who are not a foster parent or caseworker. DFS caseworkers continue to use FSE strategies whenever possible. In permanency/adoption units, MY LIFE and FSE services are available for older youth. Currently there are 3 youth, 16 years and older, with an assigned FSE worker through the contract with CFF and 3 youth, ages 10-12, with an assigned FSE worker. Requests for FSE services are steadily increasing in the past few months. In order to continue providing quality FSE work, a recommendation from the CFSR PIP, permanency workgroup is to consider adding a FSE contract to the treatment program (similar to the current FSE contract in the adoption program) which would help deliver and document these efforts

more thoroughly and earlier in the life of a case. There are limits on how many FSE cases CFF is able to accept through the current adoption program contract as well as budget constraints. Youth who have an assigned FSE worker are also able to participate in MY LIFE services. The same worker most often delivers those services for continuity and rapport. The MY LIFE work includes working on a life book that helps to create a timeline of life events, fact gathering, and photo gathering. This has proven to be a very valuable and appreciated service to those who engage in the process.

FSE is also documented in family team meetings and STEPS meetings. Search activities used by caseworkers include sending notification letters to relatives, mining the case record, and using internet search tools (US Search, Facebook). Caseworkers use tools such as genograms, Eco Map and MY LIFE to gather information about family resources.

Ninety-five percent of youth participating in the independent living (IL) program who completed a monthly outcome survey during CY2016 (the most recent available reporting period) reported having a permanent connection to an adult.

2. Conduct STEPS (Stairways To Encourage Personal Success) for all foster youth age 17 and older to plan a successful transition to adulthood. Timeframe: Ongoing to September 2019. Measure: Quality Assurance case review data reports.

Progress Report: STEPS meetings remain by policy a requirement for youth 17 and older to help ensure a positive and planned transition from foster care. The tracking database is reviewed by the foster care and independent living administrator. The administrator has worked diligently with regional staff to help ensure timely completion of the STEPS meetings and provide technical assistance to help ensure that the meetings are conducted; however maintenance of the database is a challenge. During the most recent review of the database and FACTS records, it was noted that approximately 75% of the sampling had a documented STEPS meeting. Efforts to help address full compliance will be implemented during 2018 by way of regional training to staff that serve adolescents. Such trainings have included specific information regarding the STEPS meetings. Training will be conducted for STEPS meeting facilitators to ensure enough facilitators are available for timely scheduled STEPS meetings. Further, the importance of STEPS meetings and scheduling practices was discussed during the May 2018 permanency workgroup meeting led by the adoption program manager and independent living program manager. The foster care and independent living administrator will review STEPS meetings during 2018 and recommend any needed changes or updates, to include the potential of a workgroup to improve STEPS meetings statewide.

3. Continue Opportunity Passport™ programming to provide financial skills and match savings accounts. Timeframe: Ongoing to September 2019. Measure: Documentation of active training and match funds.

Progress Report: The Opportunity Passport™ match savings program remains available to youth ages 16-21. West End Neighborhood House administers the program through private funding from Deutsche Bank and other resources. The SAVE Program phased out

due to a lack of funding. Opportunity Passport continues to provide a valuable resource for youth to gain financial literacy skills and develop money management inclusive of savings opportunities. The participation in this program during the current reporting period is as follows:

- 15 Opportunity Passport accounts open April 2017-current
 - 41 active accounts to date
 - 8 youth have withdrawn money
 - 7 accounts closing due to turning age 21
 - 5 applications pending
4. Partner with the Youth Advisory Council (YAC) to achieve positive outcomes for foster youth and young adults aging out of foster care. Timeframe: Ongoing to September 2019. Measure: Documentation of joint participation in YAC meetings and events.

Progress Report: The partnership with the Delaware Youth Advisory Council is active and healthy. The membership is stable and their leadership continues to be a valuable resource for enhancing the supports available to foster youth. The composition of the adult supporters has changed over the last year and now primarily includes staff from the contracted independent living providers allowing opportunities to build rapport, engagement and trust. Additionally, the foster care and independent living administrator now attends the monthly meetings along with the independent living program manager. This also provides insights that can be shared with the foster care team to inform foster care programming as well. The youth have continued the responsibilities of their annual conference, providing feedback for the APSR, and conducting community service. Their primary legislative focus is to address the challenges of getting and maintaining a driver's license given the barrier of car insurance, and changing current law related to motor vehicle ownership and liability for minor drivers using another person's vehicle. There is current legislative support to analyze and support their effort to overcome these barriers.

5. Review existing foster teen handbook for strengthening youth roles and responsibilities and edit as appropriate. This handbook will be used in the initiatives referenced above in #7. Timeframe: June 2018. Measure: Documented review of current foster teen handbook and appropriate actions to revise.

Progress Report: The plan to replace the teen handbook continues. Progress is delayed due to changes in administrative support staff and confusion with multiple handbook versions. In the meantime, Delaware has a telephone and online general community resource line - 211. Youth are encouraged to utilize this resource with the help of supportive adults to help navigate the various community resources that they seek. The guide will ultimately serve as a supplemental resource to those available on 211, but provide resources relative to foster youth. A partner agency, Kind to Kids, has received funding to produce a handbook for youth transitioning to adulthood that will include information about resources and how to access them. In addition to the transitions handbook, an application for mobile devices is under consideration, which will make it much more accessible for youth. The reference to #7 initiatives is removed as it is no longer applicable. Timeframe for this benchmark is adjusted to October 2018.

6. Use a continuous quality improvement framework to monitor timely permanency, employment, education and personal/community engagement by reviewing DFS data, Quality Assurance case review reports and youth feedback with DFS staff and system partners. Identify areas needing improvement and implement corrective actions. Timeframe: June 2016 to September 2019. Measure: Documentation of CQI policy and procedure. Production of permanency and independent living data reports; meeting minutes documenting findings and recommendations.

Progress Report: This benchmark is pending.

7. Until a CQI system is operational, use existing data reports, Quality Assurance case review reports and feedback from DFS staff, youth and system partners to monitor timely permanency, employment, education, and personal/ community engagement. Use existing DFS and other forums to recommend and implement improvements through training, supervision, resource development and technical assistance. Timeframe: Ongoing until CQI system is operational. Measure: Production of data reports from FACTS, case reviews and independent living; meeting minutes documenting findings, recommendations, actions taken and results.

Progress Report: DFS' quality assurance case reviews resumed April 2018, reports are not yet available. The primary format for review of education is through the CPAC Subcommittee on Education that reviews school district and IL data to guide action planning. Additionally, youth input via participation on these workgroups or through surveys provide insight for consideration. An example of the combination of data and youth voice relative to employment is the development of the Job Shadow Day. With IL data reports reflecting low employment outcomes, the committee acted to implement Job Shadow Day starting in 2014 as an annual event. Over the years, Job Shadow Day changed to a full week of opportunities for youth. This week helps educate employers about the needs of youth who have experienced foster care along with giving youth the opportunity to learn employee responsibilities in a supportive environment. These experiences will potentially pave the way for future employment at these agencies. Youth surveys consistently rate this annual event as successful. Another example of data review with positive outcomes is the passing of legislation establishing statewide graduation standards for foster youth changing schools and districts. Reviews of graduation statistics to determine the impact of this law will occur in coming years. Assisting youth with personal and community engagement is not easily measured. Based upon youth surveys, areas of need are tutoring, mentoring, and leadership programming. The opportunities implemented through the prudent parenting and normalcy initiatives promotes personal and community engagement.

The work of the self-sufficiency benchmarks workgroup continued during this reporting period and is close to completion, with a planned completion date of the document by June 2018 and full implementation by September 2018. During the final meetings of the workgroup, there was discussion about making the document an application on mobile

devices for ease of access for both workers and youth. This idea will be pursued as an additional resource for older youth.

Goal: Foster children receive appropriate mental health assessment and psychotropic medications

Rationale: Federal law and agency procedures provide mental health screenings and treatment, including assessment of emotional trauma associated with a child's maltreatment and removal from home. The agency is charged with oversight and monitoring psychotropic medication administered to foster children.

Objective: Assess and monitor foster children's health and mental health needs.

Rationale: Agency needs to continue foster care entry mental health screenings and implement tracking systems for individual and system use of psychotropic medications.

Outcome: Foster children's health and mental health needs are identified early and are matched with appropriate services.

Benchmarks:

1. Continue Screening and Consultation Unit's assessment of developmental needs and ensure connection to appropriate services to foster children age 5 and younger within 45 days of foster care entry. Timeframe: Ongoing to September 2019. Measure: Foster care entry assessment compliance reports.

Progress Report: Office of Evidence-Based Practice's (OEBP) Screening and Consultation Unit (SCU) screens children age 5 and younger, entering foster care. The screening tool used to assess the developmental needs of these young children is the Ages and Stages Questionnaire (ASQ). The ASQ is an evidence-based tool that assists in the identification of potential developmental delays for children ages 1 month to age 5. Results from the ASQ that indicate possible delays trigger SCU staff to make referrals for appropriate services, such as Child Development Watch (CDW) or Child Find. Consultations are provided as an alternative to formal screenings in the event that a child is already receiving early intervention services or if the child has already been screened through another resource (e.g., Division of Prevention and Behavioral Health Services (DPBHS), outpatient behavioral health provider, Child Development Watch). Data from January 2017 through December 2017 indicates that 178 children age five and under were referred to the SCU upon entry to foster care. Of those 178 children, 108 of them were screened using the Ages and Stages Questionnaire (ASQ) to assess their developmental needs. A consultation was provided as an alternative to screening for 70 children, because 43 were already involved with early intervention or mental health services, and 5 were residing in a medical facility at the time of screening and would be screened prior to hospital discharge. Twenty-two children were also excluded because they had already exited care by the time of the screening. Data resulting from the 108 screenings that were conducted indicate that: 1) 9 children were referred for statewide early intervention services (i.e., CDW), and 2) 8 were referred for behavioral health services (i.e., outpatient therapy). The remaining children did not show evidence of developmental delays and not referred for additional services at that time.

In terms of the timeliness of developmental screenings and/or consultations for 2017, 94% (168 out of 178) were screened and/or received a consultation within 45 days of entry to foster care, and 99% (176 out of 178) were screened and/or received a consultation within 60 days of entry to foster care.

2. Continue Screening and Consultation Unit's assessment of foster children within 45 days of entering care for mental health services, using developmentally appropriate and trauma-informed screening tools. Ensure connection to evidence-based interventions as appropriate. Timeframe: Ongoing to September 2019. Measure: Foster care entry and assessment compliance reports.

Progress Report: Children ages one month to 18 years old entering foster care are screened by the Office of Evidence-Based Practice's SCU to assess for their mental health and well-being needs. Consultations provide an alternative to formal screenings in the event that a child is already receiving mental health services or if the child has been screened through another resource (e.g., DPBHS, outpatient behavioral health provider, Child Development Watch). Current tools used in screening for mental health and well-being needs include: Brief Problem Monitor (BPM), Trauma Symptom Checklist for Children (TSCC), Trauma Symptom Checklist for Young Children (TSCYC), Global Assessment of Individual Needs (GAIN-SS), Fetal Alcohol Syndrome Disorder Screener (when appropriate), and Adverse Childhood Events Questionnaire.

SCU data from January 2017 through December 2017 indicates that 454 children ages birth to 18 were referred to the SCU upon entry to foster care. Of those 454 children, 210 of them were screened using developmentally-appropriate and trauma-informed screening tools to assess their behavioral health and well-being needs. A consultation was provided as an alternative to a formal screening for a total of 244 children, including 137 that were already receiving behavioral health services (e.g., DPBHS, outpatient therapy, residential treatment), and 50 that were screened by another resource (e.g., DYRS, CDW, medical facility). Forty-two children were also excluded because they had already exited care by the time of the screening, and 5 children could not be screened formally because they were on runaway or placed in an out-of-state placement. Data resulting from the 210 screenings indicate: 1) 69 referrals for behavioral health services (including 12 children referred for trauma-specific treatment); 2) 9 referrals for early intervention services; and 3) 1 DPBHS referral for comprehensive neuropsychological testing. The remaining children did not show evidence of need for additional services.

In terms of the timeliness with which mental health and well-being screenings were administered following entry to foster care in 2017, 93% (420 out of 454) were screened and/or received a consultation within 45 days of entry to foster care, and 99.6% were screened and/or received consultation within 60 days of entry to care (452 out of 454). Two children were not screened for 60+ days due to extenuating circumstances.

3. Office of Evidence-Based Practice to monitor and report to DFS' Strategic Leadership Team progress on developing psychotropic medication tracking and establishing oversight

standards. Timeframe: Ongoing until September 2019. Measure: Meeting minutes document review of psychotropic medication tracking, standards and actions taken.

Progress Report: Best practice standards and monitoring procedures are well documented in the department Psychotropic Medication Policy #216 (<https://kids.delaware.gov/policies/dscyf/dsc216-Psychotropic-Medication.pdf>). Staff members from OEBP chair and participate on the Department Medication Committee, which consists of providers and department representatives across divisions. This committee meets quarterly to review psychotropic medication policies, practices and monitoring and oversight efforts. Data reports are shared as well as trouble-shooting related to our new information management system. One major ongoing goal is reducing the overreliance on antipsychotic medications to manage aggressive and challenging behaviors in department involved youth. Best practices related to service delivery is continuously evaluated and an annual report is compiled. The committee also enhanced the department website with informational resources on psychotropic medications for families and providers.

OEBP staff monitor psychotropic medication prescribing trends in DFS involved youth, particularly youth as they enter foster care. Updated data reviews for the past calendar year are shared as part of ongoing conversations with leadership at the annual CFSP stakeholders meeting and at CFSR PIP meetings held with our federal partners, as well as the annual foster parent recognition conference. The Delaware Learning Center is being utilized to train all staff on best practices as they related to psychotropic medications. FOCUS reports track antipsychotics as part of the wider department initiative to track medication use patterns in department youth.

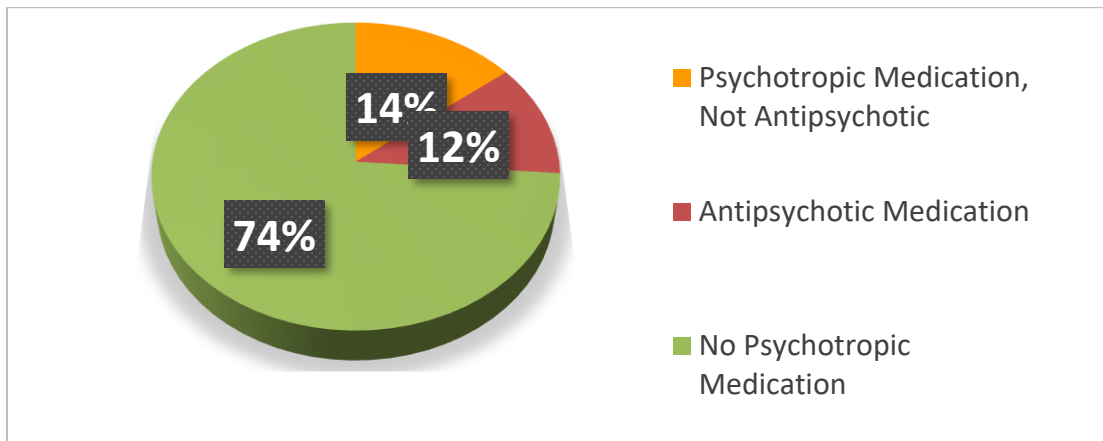
4. Use a continuous quality improvement framework to monitor mental health assessment and psychotropic medication by reviewing DFS data, Quality Assurance case review reports and DFS staff and system partner feedback. Identify areas needing improvement and implement corrective actions. Timeframe: June 2016 to September 2019. Measure: Documentation of CQI policy and procedure. Production of psychotropic medication data reports; meeting minutes documenting findings and recommendations.

Progress Report: See 3. For description of shared data reporting. CQI policy and procedure is pending.

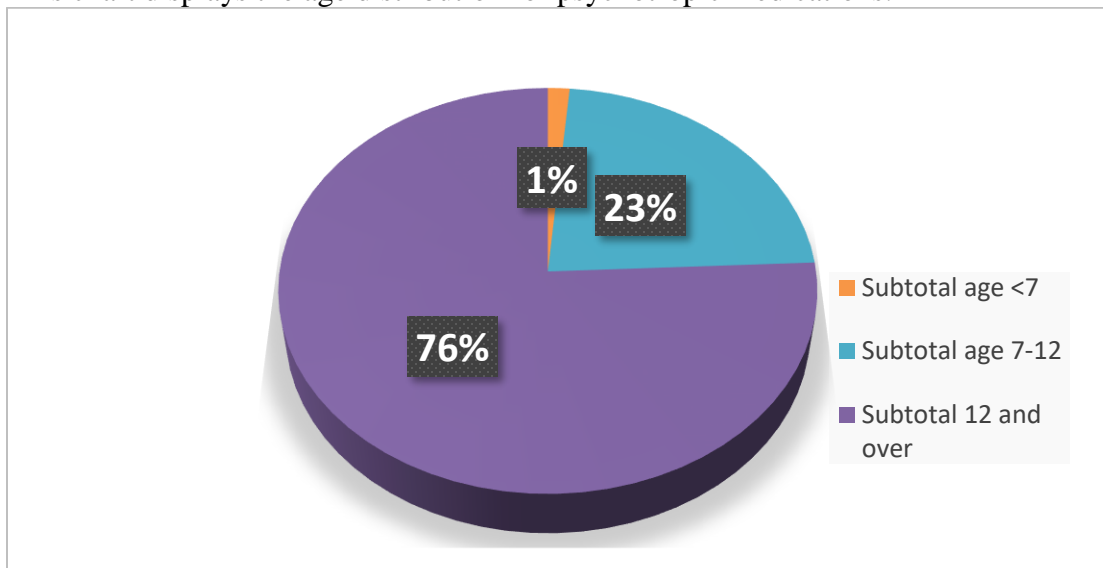
5. Until a CQI system is operational, monitor Quality Assurance case review reports for identification of needs and provision of appropriate services. Use existing DFS forums to address areas needed improvement and implement corrective action. Timeframe: Ongoing until CQI system is operational. Measure: Production of data reports from Quality Assurance case reviews; meeting minutes documenting findings, recommendations, actions taken and results.

Progress Report: An interdivisional team that includes OEBP staff monitors trends of psychotropic medications in department youth. The OEBP pharmacy consultant completes regular aggregate and case level reviews of youth in foster care. Recent data shows progress

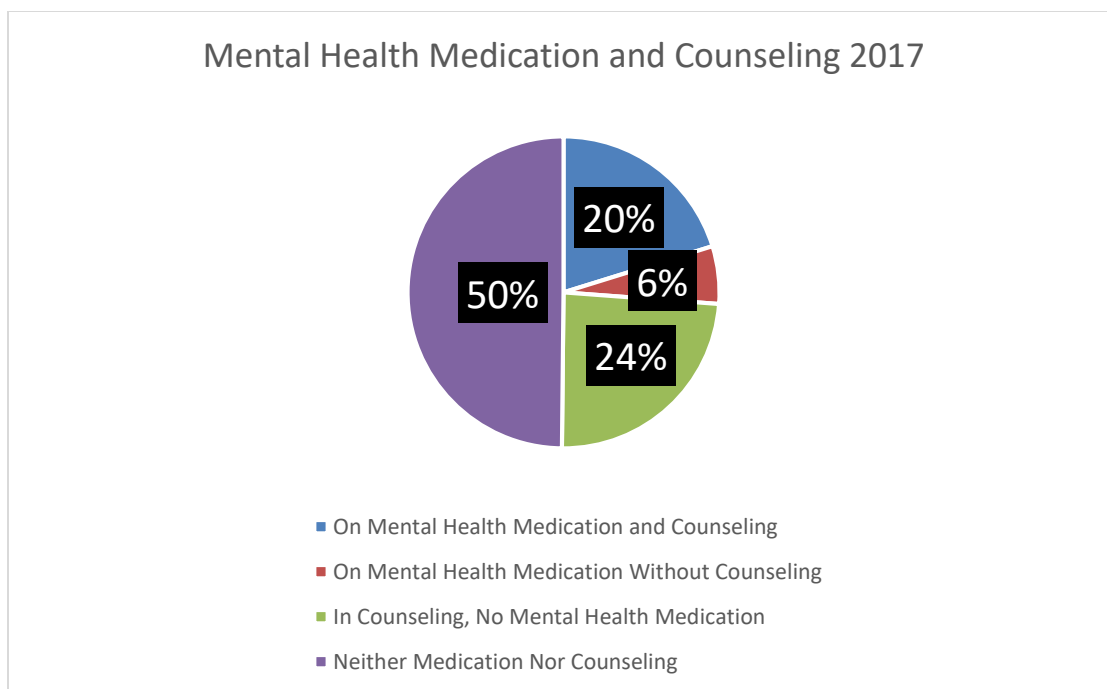
reducing the use of antipsychotics and increasing access to psychosocial interventions for youth taking psychotropic medications. Most recent data reports reveal the following trends in psychotropic medication prescribing in CY2017 (N=1222):



This chart displays the age distribution for psychotropic medications:



This chart displays the co-occurrence of psychotropic medication and counseling:



Goal: Improve high school graduation rates for foster youth

Rationale: High school graduation rates are low; agency wants to improve academic performance of foster children and youth.

Objective: Develop and implement a data based initiative to improve academic performance.

Rationale: High school graduation rates for foster youth are low. DFS to establish system data baselines on academic performance of foster children; collaborate with system partners to identify needs and provide supports to boost academic performance.

Outcome: Improved academic performance for foster children and youth.

Benchmarks:

1. Collaborate with schools to share system level educational information on foster children and youth. Timeframe: Ongoing to September 2019. Measure: Documented production of academic reports.

Progress Report: DFS continues to send DOE monthly foster care population reports. The report includes the name and contact information for the assigned caseworker. DOE sorts the data and forwards student and caseworker names and contact information to individual schools. This monthly data exchange allows each school to identify the students in their building that are in foster care. It also allows them to contact the worker directly if they have questions or concerns. Annually, DOE produces an aggregated data report that compares the general population of students with students in foster care. Current measures include:

- Attendance
- % special education students
- # of discipline incidents
- # of students with at least 1 discipline incident

- # of in school suspensions
- # of students with at least one in school suspension
- # of out of school suspensions
- # of students with at least 1 out of school suspension
- # or expulsions
- # /% of students repeating current grade
- Single year # of graduates/rate
- Single year # of drop outs/rate
- % of students passing 9th grade math
- % of students proficient in math
- % of students proficient in ELA.

The CPAC Data Workgroup continues to collect and analyze data regarding the educational outcomes of students in foster care. This workgroup is incorporating the new data requirements of Every Student Succeeds Act (ESSA) and making necessary changes to state policies to comply with new DOE annual reporting requirements related to children in foster care. This group is tasked with providing definitions around the data elements in order to standardize data and for DOE to build queries around the new definitions. Additional measures the group is looking at are:

- Average math score on state assessment
- Average ELA score on state assessment
- Participation rate on the state assessment for math and ELA
- Number of days suspended – in school and out of school suspensions
- Students in each district
- Total students served by district
- Transient rate

The CPAC Education Committee developed a template to collect information required for the education court report. The report was finalized spring of 2017. All DFS workers and foster care liaisons in each school district received training on this report in April and May 2017. DFS caseworkers request the foster care liaison to run this report 10 days prior to court hearings. Information included in this report include:

- Demographic information
- Grade level and expected graduation date
- School
- Contact person
- Program (Special Education, 504, language program)
- Special Services (504, primary instructional setting, special education services)
- Other student information (foster care, homeless, immigrant, migrant, repeating current grade, retained, unaccompanied youth)
- Attendance information
- Discipline information
- Assessments (State Standardized Assessments, evaluation and performance)
- Grades and credits
- AP course potential

- College and career readiness
- Course history

DOE has a website for ESSA provisions to promote educational stability and improve educational outcomes for students in foster care. The address is <https://www.doe.k12.de.us/Page/3056> and lists district, charter and DFS liaisons.

2. Identify, recommend and implement supports for improving academic performance for foster children. Timeframe: Ongoing to September 2019. Measure: Documentation of review of data and resulting recommendations and actions taken.

Progress Report: The CPAC Education MOU workgroup reviewed and revised the current MOU between DFS and DOE. The MOU is completed and being reviewed by DOE. A Best Interest Determination Form is standardized for use by all school districts and updated to reflect ESSA guidelines. DFS supervisors and DOE foster care liaisons received training on the form.

Policy is drafted regarding the education decision maker in accordance to 10 Del. C. § 930. Numerous studies have found that children in foster care experience poor academic outcomes, have higher school dropout rates, frequent school changes, and higher suspension and expulsion rates. In Delaware 48% of all youth in foster care are identified for special education, are 1.5 times more likely to be suspended, and are about 30% less proficient on standardized tests. When a parent is unavailable, unable, or consents, Family Court can designate a person to be the education decision maker for a child found to be abused, neglected, dependent, or delinquent. The education decision maker will oversee educational success for the child regardless of whether the child has special education needs. The education decision maker is authorized to decide on education matters such as education stability, school discipline, and transition planning for independent living.

3. Participate in the Education Committee of the Child Protection Accountability Commission that is focused on system collaboration to address educational needs of children and youth in foster care. Timeframe: Ongoing to end of committee. Measure: Documentation of participation and actions taken in meeting minutes.

Progress Report: The Treatment Program Manager participates in the CPAC Education Committee quarterly and participates in the CPAC Education subgroups regarding data and MOU. Meeting minutes are located at <https://publicmeetings.delaware.gov/?agencyID=4>

4. Use a continuous quality improvement framework to monitor and guide foster children's academic performance by reviewing system level data and using appropriate forums (Department of Education Memorandum of Understanding or CPAC Education Committee) to recommend and implement improvements. Timeframe: June 2016 to September 2019. Measure: Documentation of CQI policy and procedure. Production of academic data reports. Meeting minutes documenting findings and actions taken.

Progress Report: CQI activities are pending. Education data for foster children is a CPAC Dashboard measure.

5. Until a CQI system is operational, monitor Quality Assurance case review reports for identification of educational needs and provision of appropriate services. Use existing DFS forums, CPAC Education Committee and Department of Education Memorandum of Understanding to address areas needed improvement and implement corrective action. Timeframe: Ongoing until CQI system is operational. Measure: Production of data reports from case reviews; meeting minutes documenting findings, recommendations, actions taken and results.

Progress Report: See Benchmarks 1, 2, and 3 for reports on use of data and subsequent activities.

Well-Being Measures:

1. Quality Assurance: Measurement is scoring of On-Site Review Instrument, Items 12-18. Goal is 95% or higher are rated Strength.

Performance: Starting April 2018, DFS began the Federal OSRI tool as the case review instrument. Subsequent reports on Items 12-18 are pending completion of reviews.

2. Independent Living Services Report: Measurements for young adults receiving independent living services are percent youth graduating high school or GED program, percent youth employed and percent youth enrolled in post-secondary/vocational programs. Goals are 60% will graduate high school or obtain a GED, 70% will be employed, and 35% will be enrolled in a post-secondary/vocational program.

Progress Report: This report is currently unavailable.

Delaware reserves the option to revise measures based on release of new national standards and development of internal reports.

D. System Supports

Goal: Provide infrastructure supporting best practice child welfare principles and values

Rationale: The agency identifies an automated case management, continuous quality improvement, workforce training and Quality Assurance Case Review systems as vital foundations to making improvements in outcomes for children, youth and their families.

Rationale: Federal SACWIS/CCWIS requirements and DSCYF business needs drive the design and implementation of a new FACTS II automated system.

Outcome: A fully functional automated system that is SACWIS compliant and meets the business needs of the Department.

Note: This objective is updated for 2019 to reflect federal and state changes to information systems (SACWIS/CCWIS and FOCUS).

Benchmarks:

1. Fully implement FOCUS (For Our Children's Ultimate Success) supporting an integrated child and family tracking system for the Department of Services for Children, Youth and Their Families. Timeframe: November 2017. Measure: Status reports of design, development, training and implementation of FOCUS.

Progress Report: The development of FACTS II was suspended in 2015. In spring of 2016, DSCYF began the development of a new, fully integrated information system, FOCUS. Staff received early training on structure and navigation of the web-based system. The "go-live" date for this system was February 6, 2018. Testing and upgrades will continue for FOCUS over the next 1-2 years as defects and change requests are identified. This benchmark timeframe is revised to October 2019.

Objective: Design, resource and implement a continuous quality improvement system that focuses on data driven monitoring of objectives and benchmarks, as indicated, of the Plan with participation by system partners to make adjustments to practice.

Rationale: Federal guidance and agency mission to improve outcomes for children, youth and their families need structured processes to use baseline data, stakeholder input and measured accounting of performance to drive safety, permanency and well-being practice changes.

Outcome: Improved safety, permanency and well-being outcomes based on data informed shared decision making with system partners.

Benchmarks:

1. Obtain technical assistance to provide processes, analysis of data, information and organizational structure supporting objectives of this strategic plan. Timeframe: December 2017. Measure: Documentation of technical assistance.

Progress Report: This benchmark is partially complete. The Administration for Children and Families has provided technical support to structure and implement quality assurance case reviews. There are monthly meetings focused on implementing a standardized case review process and applying the Onsite Review Instrument with fidelity. A subgroup of the CFSR PIP CQI workgroup completed the CQI Academy sponsored by the Capacity Building Center for States as a foundation to draft a CQI implementation plan. Additional technical assistance is under consideration. The timeframe is revised to June 2019.

2. Draft policy and protocols to use data based information for all levels of staff. Timeframe: September 2017. Measure: Issuance of policy and protocol documents.

Progress Report: This benchmark is pending. The timeframe is revised to December 2018.

3. Draft a communication plan supporting the distribution and use of data based information. Timeframe: September 2017. Measure: Documentation of a CQI communication plan.

Progress Report: This benchmark is pending. The timeframe is revised to March 2019.

4. Develop training for staff at all levels of the organization on continuous quality improvement. Timeframe: December 2017. Measure: Documentation of a CQI training plan.

Progress Report: This benchmark is pending. The timeframe is revised to June 2019.

5. Implement stakeholder sessions to review data and recommend activities to improve progress towards goals. Timeframe: December 2017. Measure: Stakeholder sessions documented by meeting minutes.

Progress Report: This benchmark is pending. The timeframe is revised to October 2019.

Objective: Provide training and supports for a stable and competent workforce.

Rationale: Staff competencies and skills are vital to implementing Safety-Organized Practice as DFS' practice model.

Outcome: A trained, competent, experienced and stable workforce.

Benchmarks:

1. Make provisions supporting caseworker coaching and facilitative supervision. Timeframe: December 2017. Measure: Documentation of coaching and facilitative supervision through Quality Assurance case reviews and staff interviews.

Progress Report: The QA case review process restarted in April 2018. CPD will evaluate the results of the QA reviews on a regular basis to ensure that coaching and facilitative supervision occurs and if any needs arise.

The Midpoint Evaluation is assigned to new caseworkers at the midpoint of their 3-month curriculum. The Midpoint Evaluation is followed by a Quality Check-In meeting between CPD and the new hires. The System Evaluation is assigned to new caseworkers upon completion of the curriculum. These evaluations allow CPD to collect data about the entire experience of new hire training, mentor engagement, supervisory support, and functional responsibilities. The Quality Check-In meeting reinforces the use of the SOP Three Questions (What are we worried about? What is working well? What needs to happen next?) To further discuss the new hires' experiences to date. By meeting at the midpoint of new hire training, CPD is able to address issues in a timely manner and to reverse any negative trends. CPD provides the supervisors and administrators with updates on trends and information gathered from the Midpoint and System Evaluations, as well as the Quality Check-In meetings.

Additionally, CPD and DFS are collaborating on the development of child welfare specific supervisor training as a part of the CFSR PIP, and coaching is a training topic. This benchmark's timeframe is adjusted to September 2018.

2. Release training curriculum on Indian Child Welfare Act policy implementation. Timeframe: December 2017. Measure: DLC activation date of training module.

Progress Report: Online training was developed for ICWA and assigned to all DFS staff on August 15, 2017. Additionally, all new staff to the department are assigned this course when they start. To date, 332 staff have completed the training, which is more than 90% of the staff. This benchmark is complete.

Feedback Loops

See Section I General Information and Collaboration for discussion of this reporting period's consultations with stakeholders. Also see Benchmark Progress Reports in Section III for descriptions of child welfare partners sharing information and data, and actions taken.

IV. Update on Service Description

Stephanie Tubbs Jones Child Welfare Services Program -Title IV-B, subpart 1

See Section IV Services: Child and Family Services Continuum and Description in the original 2015-2019 CFSP for description of child welfare services. As for updates and progress reports on child welfare services, see Section III Update on Progress Made to Improve Outcomes; also see V Statewide Community Service Partner Updates, OCCL.

Promoting Safe and Stable Families Program (PSSF) -Title IV-B, subpart 2

See Section IV Services: Child and Family Services Continuum and Description in the original 2015-2019 CFSP for description of PSSF services. For PSSF updates and progress, see V Statewide Child Welfare Partner Updates, Internal Partners and section XVII Grants.

Populations at Greatest Risk of Maltreatment

Delaware has determined the populations at greatest risk of maltreatment to be at-risk families and children targeted by PSSF programs serving areas with high incidents of child abuse and neglect reports, referrals from childcare providers for behavioral health, referrals from school personnel, early intervention services, substance-exposed infants, and children with developmental delays. Legislation (HB 140) was originally introduced April 2017 to codify hospital reporting of substance exposed infants and Fetal Alcohol Syndrome Disorder (FASD) children to DFS and the development of a Plan of Safe Care prior to discharge of the infant. Reintroduced for the current legislative session, the Governor signed this legislation (HB 140) June 7, 2018. Activities Delaware has taken to target these populations are described in Section III Update on Progress Made to Improve Outcomes, Section IV Promoting Safe and Stable Families Program, Section V Statewide Community Service Partner Updates and Section XII CAPTA Update.

Services for Children Under the Age of Five

Delaware Thrives

Delaware Thrives is the statewide, multi-agency initiative to identify you children at risk for health or developmental challenges and ensure that these children and their parents and families have easy access to information and services. Several programs of this initiative specifically focus on the population of children under the age of 5. DE Thrives connects families with resources, programs and social networks for reproductive life planning, having a healthy pregnancy, raising healthy babies, home visiting, safe sleep practices, oral health, developmental information, and more. More information can be found at <http://dethrives.com/>.

2-1-1 Help Me Grow

The United Way of DE, with funding from the Division of Public Health (DBH) implemented the Help Me Grow Initiative in 2012. Help Me Grow (HMG) started as a pilot in Hartford, CT, in 1998 as a community effort to identify at-risk children and effectively and efficiently link them to services.

The core service of HMG is the statewide free 2-1-1 call center, staffed by case managers specifically trained to assist parents of young children identify and connect with appropriate resources and services. HMG 2-1-1 serves as the central point of entry to the Evidence-Based Home Visiting programs, which include Healthy Families America, Parents AS Teachers, and Nurse Family Partnership Programs. There is one referral for these Home Visiting programs. The referral is faxed to HMG 2-1-1. The case managers provide triage and determines the program that most appropriately meets the needs of the family, and then facilitate their connection to that program.

Another component of HMG is to promote developmental screenings statewide. As a part of this initiative, DE has developed capacity throughout the HMG website for pediatricians and primary care physicians to utilize the PEDS Screening online. Additionally, HMG has provided training for all home visiting programs and DFS to utilize the Ages and Stages Questionnaire (ASQ) as the developmental screening tool and for non-medical providers. Widespread dissemination of the ASQ is also occurring throughout DE STARS program, the Quality Rating System for early childcare. The goal is to have standard assessment measures that can be shared as children move through the system, to both inform the planning for their needs and to track progress over time.

Nurse Family Partnership®

This is an evidenced based community health home visiting program through Children and Families First. The team of NFP Nurse Home Visitors currently provides services to families in New Castle, Kent and Sussex counties. Services are for first time mothers and begin when the mother is 29 weeks pregnant. Each mother served by Nurse-Family Partnership® is partnered with a registered nurse to receive home visits from pregnancy through the baby's second birthday. The goals are to improve pregnancy outcomes by helping women engage in good preventive health practices, including thorough prenatal care from their healthcare providers, improving diet and nutrition as well as reducing the use of cigarettes, alcohol and illegal substances. Additional goals are to improve child health and development by helping parents provide responsible and competent care; improve the economic self-sufficiency of the family by helping parents develop a vision for their own future, plan future pregnancies, continue their education and find work. More information can be located at <https://www.nursefamilypartnership.org/locations/delaware/>.

Healthy Families America/Smart Start Program

The Healthy Families America/Smart Start Program through Children and Families First helps expectant and new parents get their children off to a healthy start. The program strives to provide parents an opportunity to get the education and support they need at the time their baby is born, and until their child turns three. Mothers who are pregnant or have a newborn younger than three months old, and who need assistance with medical or behavioral health issues are referred to this program. For mothers who are referred while pregnant, a CFF HFA/Smart Start home visitor will visit with the mother regularly to provide the support needed to have a healthy pregnancy and

prepare for birth. CFF HFA/Smart Start helps mothers connect with other services in the community. Once the baby is born, the CFF HFA/Smart Start home visitor will visit the home regularly until the child is 3 years old. CFF HFA/Smart Start helps mothers learn to identify your baby's needs, share information on the child's development, share ideas on caring for babies, toddlers, and young children. The program makes sure the mother and child are connected with medical care, helps the mother follow-up with recommended immunization schedules, helps the mother feel empowered, and links the mother with other resources in the community for help with job placement, identification of childcare providers, etc. More information can be located at <http://family.cffde.org/services/healthybabies/healthyfamiliesamerica.aspx>.

Parents As Teachers

Parents As Teachers (PAT) is a free voluntary program serving over 130 families throughout Kent and Sussex County. Home visitors partner with families to focus on fostering strong and loving relationships between parents and their children. The PAT home visitor provides the family with the information, support and encouragement to help the children develop during those crucial early years. The PAT home visitor visits with the family in their own home and they conduct annual developmental and health screenings, Stay and Play groups, referrals to other community resources, teen groups in local high schools, event and weekend socialization opportunities throughout the year, and access to a Stand By Me financial coach. PAT serves prenatal through 5 years old. More information can be located at https://www.lf.k12.de.us/decc/?page_id=194.

Delaware Head Start / Early Head Start

Head Start is a Federal program that promotes the school readiness of children from birth to age five from low-income families by enhancing their cognitive, social, and emotional development. Head Start programs provide a learning environment that supports children's growth in many areas such as language, literacy, and social and emotional development. Head Start emphasizes the role of parents as their child's first and most important teacher. These programs help build relationships with families that support family well-being and many other important areas.

Early Head Start serves infants, toddlers, and pregnant women and their families who have incomes below the federal poverty level. Children in foster care, homeless children, and children from families receiving public assistance (Temporary Assistance for Needy Families or Supplemental Security Income) are also eligible for Head Start and Early Head Start services regardless of income. Early Head Start includes weekly 90-minute home visits and two group socialization activities per month for parents and their children. The home visitors have knowledge and experience in child development and early childhood education; principles of child health, safety, and nutrition; adult learning principles; and family dynamics

Telemon Corporation provides services to Kent/Sussex Counties. New Castle County Head Start, Inc. provides services to New Castle County. More information can be located at <http://www.telamon.org/delaware-early-head-start.aspx>, <http://www.telamon.org/delaware-early-head-start.aspx>, <http://www.ncchs.org/about-us/program-overview>

Foster Care Screening and Consultation

Located in the Division of Family Services' Office of Evidence-Based Practice, the screening and consultation unit (SCU) provides effective screening for children who enter foster care, and these

screenings are scheduled to take place within 4 weeks of entering care. Children under the age of 5 receive specialized screenings using the Ages and Stages Questionnaire, Child and Adolescent Needs and Strengths (CANS), and Trauma Symptom Checklist for Young Children (TSCYC) tools. Findings are shared with caseworkers, supervisors and DPBHS treatment coordinators to follow up on recommended services. In addition, case consultation is provided by staff psychologists to assist with treatment planning and the consultant pharmacist provides oversight and monitoring of psychotropic medications. Cases of children under 5 who are prescribed psychotropic medications are given extra attention and preauthorization is required for any child under 6 who is prescribed antipsychotic medications. In addition, staff coordinate with caseworkers and providers to ensure that these children are also engaged in psychosocial interventions as appropriate.

Data from January 2017 through December 2017 indicates that 178 children age five and under were referred to the SCU upon entry to foster care. Of those 178 children, 108 of them were screened using the Ages and Stages Questionnaire (ASQ) to assess their developmental needs. A consultation was provided as an alternative to screening for 70 children, due to the fact that 43 were already involved with early intervention or mental health services, and 5 were residing in a medical facility at the time of screening and would therefore be screened prior to hospital discharge. Twenty-two children were also excluded because they had already exited care by the time of the screening. Data resulting from the 108 screenings that were conducted indicate that: 1) 9 children were referred for statewide early intervention services (i.e., CDW), and 2) 8 were referred for behavioral health services (i.e., outpatient therapy). The remaining children did not show evidence of developmental delays and were therefore not referred for additional services at that time.

In terms of the timeliness of developmental screenings and/or consultations provided following entry to foster care in 2017, 94% (168 out of 178) were screened and/or received a consultation within 45 days of entry to foster care, and 99% (176 out of 178) were screened and/or received a consultation within 60 days of entry to foster care.

Birth to 3/Child Development Watch

It is DFS' policy for many years to screen all children, not just foster children, from birth to age three for disabilities or developmental delays. Child Development Watch is the statewide early intervention program for children ages birth to 3, managed by the DHSS' Division of Public Health. The program's mission is to enhance the development of infants and toddlers with disabilities or developmental delays and to enhance the capacity of their families to meet the needs of their young children.

Participants are referred to CDW through the central intake office. DFS workers, pediatricians, parents and caregivers make referrals. Delaware has created a special partnership in which dedicated CDW employees serve as liaisons to DFS to ensure that children involved in the child welfare system are identified and receive the appropriate level of case management. A multi-disciplinary team of CDW staff and DFS staff meet in bi-weekly triage meetings for review of cases with DFS involvement. This approach ensures that information is appropriately collected and shared so that comprehensive case planning is supported while children are in their homes or if they are placed in foster care.

CDW has a family-centered focus and an integrated services approach. The needs and services of infants and toddlers and their families require a collaborative, multidisciplinary approach. Services and supports should occur in settings most natural, comfortable for the child, and family. The development of a natural system of supports within a family's community is promoted at all times. Families of infants and toddlers with disabilities or developmental delays in all areas of the state receive comprehensive, multidisciplinary assessments of their young children, newborn through 36 months, and have access to all necessary early intervention services. The system maximizes the use of third party payment, and avoids duplication of effort. Services are provided at the highest standards of quality, with providers being required to meet appropriate licensing and credentialing guidelines.

CDW is a voluntary program and at times, parents, foster parents and relative guardians do not wish to pursue services, including initial evaluations. Overcoming these barriers includes parent education, which can include referrals to Parents as Teachers, the Parent Information Center. The program also has transportation services, as well as translator services for families who do not speak English. Data is collected and analyzed by Division of Public Health staff.

The CDW Program partners with DSCYF, other DPH services, and the providers of CDW services, including Christiana Care Health Systems, Easter Seals, Bayada Home Nursing, and Res Care. These specific agencies have contracts for services through the DPH. DHSS monitors the program's outcomes and reporting for the IDEA/Part C for federal compliance.

Children under the age of 5 are reviewed by the supervisor, child attorney/OCA, Deputy Attorney General (DAG) and local Permanency Planning Committees in each region for fast tracking to permanency. Other permanency options are considered under these conditions: child cannot return home, birth parents had prior involuntary termination of parental rights, birth parents have felony convictions, incarcerated birth parents, or birth parents whereabouts are unknown. The Permanency Planning Committee meetings include DFS managers and supervisors, representatives from the Office of Evidenced-Based Practice, private agency service providers, and representatives from YRS. Young children are prioritized for reviews and reviewed frequently by DFS and the court until permanency is achieved. For children age 5 and younger, caseworkers continue to look at past history with DFS and consult with legal counsel for further discussion. DFS workers are also directed by the court to refer such cases to the PPC. Supervisory case conferences focus on the permanency planning efforts and activities for the younger children. Referrals for MY LIFE, child specific recruitment and family search and engagement services occur as appropriate.

From April 1, 2017 through March 31, 2018, there were 602 children reviewed by the PPC statewide, 255 of those were children 5 and under. From May 2017 through April 2018, PPC reviewed 34 children who were 5 and under and in care less than 10 months (Beech Street: 11, Kent: 10, Univ. Plaza: 5, Sussex: 8). There continues to be an emphasis on children age 5 and younger even though all children placed in foster care are evaluated for expedited permanency planning, as applicable. For this reporting period from April 1, 2017 through March 31, 2018, there were 117 children adopted and 81 or 69% of those children were 5 years or younger.

Services for Children Adopted From Other Countries

DFS does not gather data for the number of children adopted from other countries. As of April 26, 2018, there is no report posted on the state government website for 2017 data. (<http://travel.state.gov/content/adoptionsabroad/en/about-us/statistics.html>)

DFS has a contract with ABCFOC to provide post-adoption services for children in foster care. The agency has a 24-hour hotline for families in crisis. The activities include information and referral, crisis assistance, statewide trainings on adoption-related topics, support groups for parents, therapy and support groups for children, Love and Logic parenting, Rec N Respite, and parent/child bonding workshops. In addition, ABCFOC provides parent workshops with various speakers at a minimum of 6 times throughout the year and statewide. Some of these support groups and activities are in conjunction with referrals from DFS foster care, private agency adoptions, other state adoptions, international adoptions and the families themselves seeking post adoption training and support services. Referrals for post-adoption services have continued to remain steady. During this reporting period from April 1, 2017 to March 31, 2018, approximately 50 children attended post-adoption support groups. 20-30 parents attended monthly classes and workshops. These children and families had adoptions occurring in DE from foster care, adopted from other states residing in DE, and international adoptions.

To continue proactive efforts to support permanency, DFS has added an information and consent form to the adoption and permanent guardianship agreements we send, so that DFS may provide ABCFOC with the names and contact information of families who are finalizing adoptions and permanent guardianships. They are added to ABCFOC's email list so they remain aware of upcoming events. Check-in at key points over time will be easier and expected. It is hoped that families become familiar with ABCFOC and the services they offer before crises arise.

V. Statewide Child Welfare Partner Updates

Internal Partners

Promoting Safe and Stable Families Program (PSSF) -Title IV-B, subpart 2

DPBHS' Promoting Safe and Stable Families Program receives Title IV-B subpart II, Family Support and Family Preservation funds to implement a continuum of services whose primary functions are to support communities in the development and implementation of services that help children and families stay together, when safety is assured. The program builds on family strengths, increases family stability, provides opportunities to improve the parent's capacity to meet their children's needs and focuses on prevention and early intervention services that alleviates family crisis and stressors in an effort to prevent child maltreatment and enhance child well-being. The Promoting Safe and Stable Families Consultation and Support Program (PSSFCS) uses universal, targeted and indicated prevention strategies to reduce occurrences of child maltreatment by addressing four associated risk factors: (1) parental characteristics, (2) developmental and behavioral characteristics of children, (3) absence of resources and services and (4) crisis and stress.

The intervention of the PSSF Program focuses on increasing the protective factors of children and families, thus stabilizing and preventing the need for out of home placements/deeper end services. The goals of the PSSF Consultation and Support program are:

1. To reduce life stressors that may negatively impact family functioning and child well-being, while helping families access needed services
2. To build family skills and strengthen family functioning
3. To reduce the risk of child maltreatment

Service decision-making process of the PSSFCS program occurs through the family consultation process. The families are guided through a self-assessment, examining concerns and developing an awareness of how to reduce or resolve concerns. The program participants, through the consultation process, is supported in building and enhancing their ability to assess their core concerns, establishing a plan to address concerns and enhancing awareness of both informal and formal supports/resources available to offer needed support to the family. The family consultant and the participant are able to assess the families' coping skills, determine if the participant is experiencing behavior difficulties with their child(ren) and if their parenting skills are challenged. The family consultant helps the participant take the lead in developing a support network, plan to decrease stressors, and promote healthy development and linkages to the appropriate type of services needed, such as parenting education, parent support groups or child behavior intervention services.

Three contracted community based organizations provide family preservation and family support services of the PSSF consultation model in five sites. These services included family counseling, adult and youth mental health services, substance abuse services, youth programing, employment training/placement, housing counseling, emergency services, parenting and other related services designed to address the stressors experienced by care-givers of children birth – 18 years of age. Services are concentrated in zip code areas throughout the state reported to receive the highest number of abuse and neglect referrals.

PSSF Service Data Report for the Period of Review September 2016- August 2017

During the service period of September 2016-August 2017, the PSSF consultation and support program served 879 children, 585 adults and 432 families. This is a 1% reduction in children and adults compared to FY2015-16. The average length of service for the consultation process showed a varying length of service from 8 to 16 weeks, as opposed to the FY15-16 average length of service 12 to 18 weeks. The frequency of face-to-face contacts with participants in the consultation process continues to average two to five face-to face contacts. The families of the consultation process present to be involved with other service providers which becomes a part of the family "consultation process" team. The collaboration of multiple service providers in support of the family concerns/needs can also extend the length of the consultation process.

Service Data Sampling

Due to the intensity of testing for the state's new information system during this service period, a data sampling did not occur as in prior years. However, of the 5 PSSF provider sites, 3 sites achieved the goal of connecting 300 individuals to appropriate resources. Two program sites were without a family consultant for a combined total of five months. The vacant family consultant position decreased the number of families served in New Castle County.

Quality Assurance Review

The PSSF Satisfaction Survey occurs at case closure, providing feedback on service effectiveness. A sampling of 65 program satisfaction surveys representing Jewish Family Services, First State Community Action Agency and Neighborhood House of New Castle County, First State Community Action Agency of Kent County, Connections, CSP and First State Community Action Agency in Sussex County during the first and second quarter of FY2017 yielded the following findings. For each of the 23 questions in the survey, over 94% of the caregivers sampling selected “agree or strongly agree,” indicating a high level of satisfaction with the program, while 93% were also satisfied with the overall services delivered. Of the samplings, 46% represents participants of Sussex County, 45.5% represents participants of New Castle County, and 8.5% represents Kent County. Of the sampling, no participants expressed dissatisfaction with the PSSF program or the services provided. Satisfaction Surveys also assess these program components:

- PSSF Site location
- Participant skill building
- Consultant skills and performance of core competencies

Findings:

PSSF Site Location: 85% of 65 responses strongly agreed that the program is located in an environment that is respectful and welcoming with hours that meet community needs.

Skill Building Through the Consultation Process: 99% of responses strongly agree or agree they were able to successfully identify and address family needs.

Demonstration of Consultation Core Competencies: 100% strongly agrees or agreed the family consultant demonstrated competency in the delivery of the consultation process.

Of the sampling, 100% of the responses showed that the consultation process empowered families to achieve their short-term goals and gave them the skills and confidence to complete an intervention plan that will help stabilize the family, ensuring the well-being and safety of their children. PSSFCS continues to monitor and provide training addressing family engagement and service retention, goal setting and prevention services best practices, contract provider professional development of prevention services, trauma informed services, substance abuse, child abuse and neglect, parenting education and fatherhood. Family Consultants receive ongoing training in the use of the FSRA pre and post assessment tool.

Program Monitoring

PSSFFC uses a peer review model to evaluate program strengths and areas needing improvement. During this service period, there was one peer review conducted June 2017. The review revealed an increase in the FC’s core competencies, identification of core concerns, service tool proficiency. The review also found an increase in their critical assessment skills and documentation.

PSSF Provider Trainings and Support

During September 2016-August 2017, family consultants received a series of 5 booster trainings with a focus on family engagement and community collaboration supporting families becoming and remaining self-sufficient. DPBHS provided semi-annual family support best practice training sessions and quarterly prevention skill-building workshops focused on trauma informed care, adverse childhood experiences and mental health wrap around programming.

PSSF Community-Based Trainings

Each consultant has attended a variety of community-based trainings and conferences on child welfare, family support and family preservation during FY2016-2017. PSSF sites are responsible for updating their community resources and forging collaborations that prove beneficial to families. The trainings conducted address a multitude of domains ranging from ethics, substance abuse, coalition building, fatherhood, emergency assistance, trauma informed service delivery, prevention programming and mental health.

PSSF Outreach Events

Family Consultants participated in various community outreach events on behalf of the PSSF during FY2017. They distributed information/resource materials regarding the PSSF program and the Delaware Fatherhood and Family Coalition to community activities attendees. Family Consultants spend various hours at community events increasing their knowledge regarding services in their respective counties that may assist the families that they serve across the state of Delaware. They increase the awareness of community resources by disseminating educational information pertaining to family support/family preservation, fatherhood, substance abuse, parenting and healthy adult relationships. Below is a listing of the collaborative activities and or partnerships the Consultants and PC/Ts engaged in:

Sussex County Health Coalition, State Service Centers, Catholic Charities (statewide), Children & Families First, Sussex County Homeless Planning Council, Multicultural Center Code Purple Coalition, Ace Peer Center, Connections CSP, Western Sussex, Bear and Dover Boys and Girls Clubs, Sussex County Action Prevention Coalition, Empowering Dads, La Red, Sussex County Health Coalition, Love Inc., Casa San Francisco, Sussex County Homeless Planning Council, \$tand by Me Financial Literacy Program, , Western Sussex Boys and Girls Club, Early Childhood Education Readiness Team FCTs, Hanan Parker, Housing Alliance Day, Sussex County Health Coalition State Fair Wellness Day, Mindfulness Clinic, Millsboro Elementary School, Lewes Board of Public Works, Sussex County Health Coalition's Healthy Kids Day, 24/7 Dad Training, Strong Community Initiative (Kent and Sussex Counties), Sisters on the Move, Second Baptist Church, CASA, Delaware Foster Care, Nationally Certified Strength-Based Family Worker, Community Level Collaboration, Learning Communities and the Results-Oriented Managements and Accountability, Community Education and Health Fair (Modern Maturity Center), Maryland Community Action Partnership 2017 Human Services Conference, The Delaware Nonprofit Advocacy Day, Delaware Alliance for Non-Profit Advancement (DANA), United Way of Delaware, The Department of Labor, Community Education Building (CEB), Bethel AME Church, prAmere Events, Inc., Greater Hope Christian Fellowship, Reeds Refuge, One Village Alliance, Love Nation, Quaker House, Healing Hearts, Community Presbyterian Church, New Beginnings, Each One Teach One, One Village Alliance, Goodfellas, Stubbs Elementary, United Healthcare, City of Wilmington, Help Live Art, 302 Guns Down, Wilmington Parks and Recreation, The Chance Foundation, Alpha Phi Alpha, Delaware Men, New Beginnings, Wilmington Library, Each One Teach One, Love Nation, Alpha Phi Alpha: Gamma Theta Lambda Chapter, Delaware C.H.A.N.C.E. Foundation, Stubbs Elementary, Red Robin, Neighborhood House, Sussex County Correctional Facility, The Basketball Association, City of Wilmington Parks and Recreation, United Health Care, Healthy Kids Delaware, One Village Alliance, GoodFathers, Prekindergarten Reading Encouragement Project, Delaware Men's Education Network, Every Man Counts, DAB Mediations, Sister Prison Wives Best Friends and Families and The Resurrection Center, Shortlidge Elementary School, Men on the Move, Blue Rocks, DAPI

Action Council, Habitat for Humanity, Kent County Strong Community Initiatives, Connection Church, Zoe Ministries, Mid-Atlantic Center for Children's Health & Environment, Grace For Dover, Jobs for Delaware Graduates, atTack Addiction, Cape Henlopen High School, and Delaware Wonder.

The PSSF Program disseminated approximately 4,271 pieces of fatherhood and co-parenting literature, father tips, DFFC fact sheets and child development in their participation as service exhibitors during the following activities: 1. Child Abuse Awareness Month; Domestic Violence Prevention Month; 2. School Readiness Conference; 3. South Bridge Day; 4. African American Festival; 5. Sussex Hispanic Festival; 6. DFFC 2016 Fatherhood Awards Ceremony; 7. Saving Our Sons Awards Luncheon; 8. Dad's Take Your Child to School Day; 9. AIDS Delaware "Do the Right Thing" recognition ceremony; and 10. 2017 Father and Family Wellness Day.

PSSF Services to Males/Fathers as Primary Caregivers

During the service period of September 2016 to August 2017, the PSSF consultation and support program served 143 adult males head of household or single parents as primary caregivers statewide. The 2016 Request for Proposal implemented a pilot fatherhood Project Coordinator/Trainer (PCT) in each of the three counties to support service collaboration, partnership, minimal case management services, and training in the community addressing issues related to fatherhood. The specifics of the work performed by the PCT is conveyed in the FY2017 community partnership components of this report.

The PSSF community based organizations will continue to provide family support and family preservation services using the PSSF consultation model to at-risk populations for child maltreatment in identified zip code areas of Kent, New Castle and Sussex Counties as reported by DFS to have high levels of child abuse and neglect referrals in 2018. With implementation of the Department's new case management system, service providers will enter all family consultation tools into FOCUS by December 2018. The web-based data management system supports efforts to manage and report data. The PSSF FOCUS team will continue to provide hands-on site-specific technical assistance to contract providers. It is the intent of the program to have full usage statewide of the FOCUS data management system.

PSSF will continue to establish service collaborate partnerships with community service providers to support families striving to maintain a safe and stable home environment.

PSSF is engaged with the DPBHS Prevention Unit to provide family support engagement services to families (primary adults) of children and youth involved in after school programs and summer prevention programing. PSSF will facilitate family oriented community events that using components of prevention programing to increase parent and community resource awareness.

Delaware Fatherhood and Family Coalition (DFFC)

The DFFC is a PSSF initiative managed by DPBHS and funded under Title IV-B, subpart 2 operating under the family support component. The operation of the coalition is a shared collaborative effort involving the state, contracted service providers and community organizations promoting responsible fatherhood and healthy adult relationships statewide, targeting populations at greatest risk of maltreatment.

The DFFC serves as a protective factor supporting father engagement when safety is not a presenting issue. Research suggests positive and frequent father–child contact is associated with better socio-emotional and academic function. Focusing on this protective factor, the DFFC is committed to building a sustainable coalition that champions fathers’ involvement in the lives of their children and healthy adult relationships, specifically effective co-parenting. Officially, the coalition began structuring its operation in 2010 after several years promoting knowledge of and acceptance of the importance of fatherhood and healthy adult relationships throughout the State.

The DFFC’s strategic priorities are:

1. Promote father involvement as a positive influence by increasing community awareness of the importance of and commitment to father involvement in the lives of their children
2. Build a self-sustaining, self-determining coalition by stimulating a broad-based, positive social movement to combat father absence and promote father involvement
3. Provide education and technical assistance opportunities to increase community capacity
4. Promote fatherhood and co-parenting services and activities by DFFC members.

DFFC Service Activities (September 2016-August 2017)

During the 2016-2017 service period, the DFFC expanded efforts to use multiple forms of communication to promote activities, raise awareness, generate membership and increase public participation in fatherhood, co-parenting and family engagement opportunities available in Delaware. This strategic approach reaches a greater number of the targeted population possible in a time efficient and cost effective manner for the DFFC. All communication/advertisement of the Coalition uses positive visual images of fathers and families engaged in positive relational activities. The DFFC publishes 3 newsletters a year providing updates on the Coalition’s involvement with other service organization, community-based efforts, trainings and workshops and other community father initiatives throughout the state. This year the National Fatherhood Initiative provided all the fatherhood articles featured in newsletters. The newsletter is disseminated electronically via email, Facebook, Twitter, Pinterest, and the DFFC website. New in 2017 is the use of LinkedIn to obtain professional workshop, webinars and small organization group discussion facilitators. The DFFC website functions continue to support data reporting on the utilization and marketing efforts of the DFFC, not only in Delaware, but in the tristate areas as well. The DFFC continues the use of business catalyst platforms for online registration for all of the DFFC and the County Leadership Committees’ trainings, workshops and community events.

During the service period of the report, the DFFC continued to maintain the volunteer driven website committee, stabilizing the operation and the website to continue to provide universal distribution of fatherhood and effective co-parenting information, training opportunities and provide fatherhood resources. There were over 41,000 visits to the site and over 34,000 emails sent to members.-DFFC website is up to 642 followers on Facebook, 268 on Twitter and 45 on Instagram. DFFC membership total is 592.

The DFFC’s work on its infrastructure is designed to accomplish and build a self-sustaining coalition that can carry out the statewide strategic priorities. The CLCs established operational protocols/procedures for membership recruitment, training and operations in Kent, New Castle and Sussex Counties. The CLC’s in all three counties held a total of 36 monthly membership

meetings, providing an opportunity for community members to receive information on effective co-parenting, family communication and parent/child interaction during the fatherhood presentation provided at each CLC monthly meeting. Each CLC developed and maintained specific plans for their County Level Project Charter effective September 2016 thru August 2017. Each Project Charter aligns with the four Strategic Priorities of the DFFC.

The New Castle County PC/T and the DFFC Statewide CLC Coordinator partners with the Wilmington Claymont Maternal and Child Taskforce, along with Christiana Health Care, in planning to bring a “Daddy Boot Camp” to Wilmington, Delaware. Implementation of the “Daddy Boot Camp” project, sponsored by Christiana Care, will begin in 2018. Participation in this collaboration will provide the Fatherhood Initiative with its third certification in the facilitation of an evidence based fatherhood curriculum. Upon completion of the “Daddy Boot Camp”, participants of the camp are invited to participate in the 24/7 Dad workshop, facilitated by DFFC trainers. The objective is to provide a continuum of fatherhood education and establish a father-to-father peer mentorship in a supportive atmosphere. DFFC is the sole partner providing ongoing technical assistance for “Daddy Boot Camp” participants.

In 2018, the Fatherhood Initiative PCT position will collaborate with community-based after-school and summer programs in the facilitation of the family engagement sessions. The Kent County PCT has partnered with DAPI, Jobs for Life and Central Middle School in 2017 and will continue these partnerships in 2018, conducting the two NFI fatherhood curriculum (12-week) sessions to fathers, mothers and teen parents.

During 2016–2017, DFFC CLCs collaborated or sponsored these events:

- Pullover Etiquette: How to Interact with Police Officers” forum in Wilmington, Delaware. The target audience were new drivers, young adults, individuals working with teens and young adults, parents, and members of the community. There were 67 participants.
- PSSF Fatherhood Initiative Community Trainings Grant and National Fatherhood Initiative Collaboration. The fatherhood training grant was awarded by the National Fatherhood Initiative in the fall of 2017, providing opportunity to facilitate the "24/7 Dad" curriculum statewide. Five trainers conducted 44 sessions for 34 fathers as of September 8, 2017.
- “Understanding Dad”, an awareness and communication training for mothers. Cosponsored by Delaware Adolescent Program Inc., 9 first time adolescent mothers completed the training sessions. In the FY2016-17 school year, there were no incidents of reoccurring pregnancy by the 9 attendees. In FY2018 the collaboration continues in Kent County and be piloted in New Castle County.
- “Tea@Two Event”, an event highlighting the role women play in the fatherhood movement. Statewide, 71 adults and 16 children attended.
- “Bring Your Father to Breakfast”, a Father’s Day celebration supporting father-child involvement for the 3rd year. Statewide, 198 adults and 340 children attended.
- Father & Family Community Wellness Day. This 5th year event promotes positive parent–child and family leisure activities. Statewide, 349 adults and 580 children participated.
- 4th Annual Fatherhood Recognition Ceremony celebrates the accomplishments of those who work and are committed to fatherhood and healthy co-parenting. There were 186 registrations. The corporate sponsor of the 2017 DFFC Awards Ceremony was United Healthcare Community Plan division.

- 6th Delaware Devoted Dads Summit: “Man in the Mirror.” The Summit offered workshops addressing focus on the family, father engagement and the impact of healthy family relationships on the well-being of the child. There were approximately 160 attendees. Of the completed surveys, 98% were satisfied with the keynote address, and 98% were satisfied with the plenary address.
- “World Read Aloud Day. The February 2017 event motivates children, teens, families and adults worldwide to celebrate worldwide literacy. World Read Aloud Day is celebrated by millions of people in more than 100 countries. The DFFC Kent County Project Coordinator/Trainer, read to two 4th grade classes (73 children).

The DFFC provided the following membership trainings in 2016-2017:

- “Two new member orientation sessions
- 24/7 Dad” and “Understanding Dad” 3rd curriculum trainings with 43 participants
- 87ers Family Game Night with 47 participants
- Dad’s Take Your Child to School with 579 participants
- DFFC Family Blue Rocks Statewide Event with 36 participants
- Membership annual Meet & Greet event with 114 participants
- Community Dialogues trainings occurred in 2 barber businesses in New Castle (1) and Kent (1) Counties. There were 4 sessions held in Kent County and 2 sessions in Wilmington. Total participants statewide was 76.
- DFFC Ambassador Trainings conducted for twelve participants.
- DFFC Coalition Building Leadership annual trainings for 18 leadership members.
- G.A.M.E. Day “Give, Advocate, Mentor, Educate”, a fatherhood collaboration of over 32 organizations in New Castle County with 459 participants
- DFFC, in collaboration with Delaware Domestic Violence Coalition hosted Dinner & a Discussion “The Mask You Live In” with 26 participants.
- Pullover Etiquette Forum with 67 New Castle County participants

The DFFC, in partnership with PSSFCS, continues to have a collaborative work agreement with DAB Mediation, LLC to provide support to parents navigating child support enforcement and child custody services. DAB Mediation worked with the DFFC website committee and created a document providing answers to the most commonly asked questions about child support. The Guide to Child Support Enforcement handbook was added to the DHSS Division of Child Support Services question and answer handbook.

The DFFC Guiding Team and DPBHS coalition representatives have worked to maintain active partnerships with various community agencies and program services throughout the state in 2017. The partnering organizations are: United Healthcare, Parents as Teachers, Aid’s Delaware, Delaware Re-entry Consortium, Division of Substance Abuse and Mental Health SPF-Sig, Interdenominational Ministers Action Council (IMAC), Wilmington Consortium, Delaware Head Start, Delaware Communities in Schools, Division of Social Services and Child Support Services, Division of State Service Center Community Partner Support program, United Way Revive the Village, Project Launch, Wilmington Community Education Building Community Relations Service program and Wilmington Give-Advocate-Mentor & Educate (G.A.M.E.) consortium.

Every year the DFFC seeks to broaden its partnership with various community organizations throughout the state, including service providers of parent-youth substance abuse prevention organizations and in the development of services addressing the need for workforce development and economic stability supporting fathers and their families.

In January 2017, the strategic framework of the Delaware Fatherhood and Family Initiative was reported to the Governor's Family Services Cabinet Council. The report detailed the specifics of the DFFC Strategic Priorities and the related functions. The objectives are: 1. Increase community awareness of and commitment to father involvement in the lives of their children; 2. Stimulate a broad-based positive social movement to combat father absence and promote father involvement; 3. Provide fatherhood and healthy adult relationship educational opportunities and technical assistance to increase the capacity of the community to support fatherhood involvement, and 4. Promote fatherhood and healthy adult relationship services and activities by DFFC members.

The DFFC will have to continue to develop its venue of social media and social branding approaches. The coalition continues its work on strengthening the infrastructure of the county leadership committee, promoting the move towards a self-sustainable statewide coalition. The development and revision of the coalition's operational policies and procedures is an ongoing process; the coalition completed general operational procedures for the election process, communication, training, website/social media and the operation of the county leadership committees. The DFFC continues to seek opportunities to conduct fatherhood trainings to parents, caregivers and others working with fathers and their families.

DFFC faces these challenges in its statewide operation:

1. Establishing outcome measures for assessing parent enhanced knowledge regarding: parenting skills, communication, consumer satisfaction and resource access.
2. Establishing timely data collection tools and analysis of DFFC activities.
3. Providing administrative support to coalitions.
4. Providing technical assistance to coalitions in association with Community Anti-Drug Coalitions of America. The Prevention Unit of DPBHS, in partnership with DSAMH, are seeking to offer "Building Technical Assistance through CADCA" to address this barrier.
6. Funding a DFFC Statewide Coordinator.
7. Expanding a specific faith-based component statewide starting with a pilot based in New Castle County.
8. Piloting a fatherhood school-based mentorship program with one school district in Kent and Sussex Counties.

Division of Prevention and Behavioral Health Services (DPBHS)

The Division of Prevention and Behavioral Health Services' mission is to develop and support a family-driven, youth-guided, trauma-informed prevention and behavioral healthcare system. DPBHS's prevention and early intervention programs aim to promote safe and healthy children, nurture families and communities, support social and academic success, and improve early identification of needs for children and youth (through age 17) with behavioral health concerns. DPBHS' service continuum includes a range of prevention programs and campaigns, early intervention services, treatment services, and care coordination supports designed to promote

resiliency and well-being. Service options have varying intensity levels to meet the needs of children, youth, and families.

Population Statistics

During CY2017, DPBHS and/or their contracted providers worked with approximately 16,700 youth and their families. DPBHS is committed to providing services within a child-centered and family-driven system-of-care framework. DPBHS understands that children and youth often experience, witness, or are affected by traumatic events; therefore, DPBHS strives to deliver services in a trauma-informed manner that respects each individual's journey.

Accomplishments

DPBHS currently offers services in several domains including community-based services, residential services, prevention and early intervention services, and care coordination with Wraparound services. More detailed information pertaining to these areas is included in subsequent paragraphs.

During FY2017, DPBHS focused on four areas to increase access to and improve quality of services provided to children and their families: Administration, Prevention, Early Intervention, and Treatment.

DPBHS has revised its organizational structure to better support a trauma-informed system-of-care framework for its Child and Family Care Coordination units. DPBHS partnered with the University of Maryland to provide training, coaching, and technical assistance related to the use of a Wraparound approach, which requires a high degree of collaboration between the child and family, the child- and family-serving agencies, and community organizations. Early results suggest that children and youth served under the new model have fewer incidents of out-of-home treatment. DPBHS also merged its Intake and Acute Care units to create one seamless entry point (Access Unit) to services children and their families and thus far has received positive feedback from community members. Furthermore, DPBHS implemented the use of standardized measures (CASII, ASAM, and CANS) within its assessment and evaluation processes. The use of standardized tools provides for more objective decision-making to determine appropriate services for the youth and families served. Another noteworthy accomplishment includes the growth of prevention, early intervention, and treatment services statewide.

Prevention efforts included the expansion of substance use prevention services, the Promoting Safe and Stable Families program, and Fatherhood Services. The expansion effort included integrating the programs more effectively into the local neighborhoods and communities, thereby preventing vulnerable families from entering into the Division of Family Services. The Prevention Unit also provided staff and families of afterschool and summer programs with training on suicide prevention, trauma training, and training on how to access the United Way 211 Helpline. Moreover, prevention efforts included the addition of extended hours for children and youth after school and summer programs. These services provide supervision and meaningful, structured activities for children and youth after school and early evening hours as well as throughout the summer season.

Early Intervention efforts included the expansion of Early Childhood Mental Health Consultants (ECMHC) to 14 statewide and the provision of Parent Teacher/Child Interaction Therapy that resulted in successful retention of 98% of children served in their early education program.

Efforts in the area of treatment included statewide implementation of evidence-based practices (EBPs) including Dialectical Behavior Therapy, Multi-systemic Therapy, Functional Family Therapy, and Family-Based Mental Health Services, Wraparound services, and Family Peer Support Services. During the past year, approximately 225 children and their families have benefited from the four EBPs. In July of 2017, the Division introduced Crisis Mobile Response and Stabilization Services. Crisis Mobile Response and Stabilization Services permit the family to define the crisis and serve as crisis response services as well as immediate assistance for emotional and behavioral challenges. This process allows providers to intervene before the situation reaches the height of elevated risk of harm to self or others. Many of these new services also meet the goal of responding to families' requests for more in-home community-based treatment options. In addition, the Division has established the Delaware CARES (Caregiver Assistance, Respite, Education) program that includes a specific Wraparound team that serves both children and youth receiving services from DPBHS and DFS. Thus far, the program has demonstrated positive outcomes. Results indicate that 100% of the youth served by the Delaware CARES program while living with their natural families remained with their natural families rather than entering the foster care system. Likewise, 88% of the youth were successfully maintained in their community rather than being placed in residential treatment services. Finally, after participating in the Wraparound program, one quarter of the youth in foster care reunited with their natural families and were living at home.

Furthermore, DPBHS operates a suicide prevention grant through which a suicide text line was implemented. This service was put into place in response to the changing technological world and many teens' preferences to communicate via text message. Finally, the Division's psychosis prevention grant has resulted in the establishment of youth peers to support its clients and to identify and treat early psychosis in Delaware's youth and young adults.

Barriers and Challenges

DPBHS also encountered a few barriers and challenges throughout the past year. DPBHS has experienced as well as implemented multiple positive changes over the past year. These changes include both system changes and changes in philosophy that are occurring within such a short time. As expected with any significant change, as a result, the organization has faced some anticipated natural resistance from staff members who are in a phase of adjustment while learning about, navigating, and becoming accustomed to said changes. As a result, the Division continues to provide support and additional training to help alleviate concerns resulting from this process. It is understood the process takes time and may require modifications.

A second challenge to DPBHS as well as to other divisions in the DSCYF is filling service gaps. Youth who are receiving services from multiple divisions are not always placed in the least restrictive setting due to the lack of appropriate housing options and treatment services to meet their needs. DPBHS is moving towards transforming from an expert-driven system to meeting the families' needs that will partially be accomplished by continuing to expand the array of treatment service options to close service gaps.

One additional challenge includes maintaining a strong staff of treatment providers to serve youth with co-occurring mental health issues and substance use disorders. Likewise, it is difficult to find staff members who have received formal training in both areas. With the rising epidemic of substance use disorders (particularly opioids), the Division is committed to continuing to recruit and retain highly qualified staff to address this serious issue.

Collaborative Efforts

DPBHS' philosophy is to continue to work collaboratively with youth, families, internal staff, providers, and other divisions during the upcoming year. The Casey Foundation has assisted the Department in creating a shift in thinking regarding providing treatment services to youth and their families. This new philosophy is a systems approach that allows for additional collaboration with other Divisions within the Department.

In terms of youth and their families, the Division has made a commitment to adhering to the fundamentals of the Wraparound model of service. This process embraces a team approach in which all decisions, including treatment-related decisions, are made in collaboration with the family and their support network (child and family team). All members of the child and family team partake in planning and agree to participation in the plan's implementation. This process allows for all team members' voices to be heard and valued equally with the family in the driver's seat.

It is significant to note that DPBHS has strengthened its connections with the State of Delaware's educational system. A representative from the Division currently attends monthly meetings with the special education directors from the various school districts of Delaware. The purpose of this partnership is to gain a better understanding of their system in order to become more supportive of their needs. It also allows for improved collaboration and better coordination of services for children with educational needs.

Furthermore, DPBHS has focused efforts to better align with the Division of Medicaid and Medical Assistance (DMMA) for the purpose of aiding in smoother transitions into adulthood for children and youth. Aligning practices supports the notion that the Divisions are not two separate systems but instead provide overlapping services to the state's persons in need.

Priorities for the Coming Year

There exists several DPBHS priorities for the upcoming fiscal year. As previously mentioned, DPBHS is implementing the Mobile Response and Stabilization Services system, a new process for responding to crisis situations. As with any new process, the Division plans to monitor this system closely in order to ensure that it is running efficiently and effectively as well as providing the best services to meet the needs of Delaware's children and families. The Division also plans to add targeted case management to the state plan to allow for reimbursement for WRAP services. Doing so will result in an increase revenue for the Division. One more priority for DPBHS is to develop methods to refine its processes relating to the shift to an "any qualified provider" system. This is a change from the former way that DPBHS solicited providers and requires DPBHS to develop new processes and procedures to allow new qualified providers to continually join its network. DPBHS also plans to update select Division policies in consideration of the Commission on Accreditation of Rehabilitation Facilities standards.

Furthermore, as mentioned earlier, DPBHS has introduced several new EBPs over the past fiscal year. The Division plans to continue to track outcomes for the EBPs in order to evaluate the positive impact that they have made on our children and families as well as our system as a whole as they continue to grow and expand. DPBHS also plans to continue with the process of WRAP implementation, which includes completion of the University of Maryland training, exploring other states best practices and the implementation and maintenance of the cultivation of a WRAP-informed culture among its staff members and contractors to meet the needs of children and families in Delaware. Finally, many changes will occur with introduction of the new FOCUS electronic records system. The Division plans to keep abreast of the effects of these changes on both itself and the staff members and make adjustments accordingly.

Division of Youth Rehabilitative Services (DYRS)

The Division of Youth Rehabilitative Services is the lead juvenile justice agency that serves youth court ordered to agency supervision through the judicial system. DYRS is responsible for assessing the needs of youth and collaborating with their families, schools, and support systems to develop plans that address the factors that contribute to a youth's risk for delinquency. Title 31 Chapter 51 assigns the Division of Youth Rehabilitative Services with the rights and responsibilities associated with the day-to-day care of juveniles committed to DYRS by the Court, including the right to the care, custody, and control of the juvenile. The mission of DYRS is to guide youth involved in juvenile justice to a successful future and to support public safety.

DYRS provides services and supervision to youth through a variety of program areas. Civil Citation diverts low-risk youth from system contact as a pre-arrest diversion program. Probation through contracted provider supervision serves low risk youth by addressing their needs. Community services supervision with a probation officer provides intensive supervision to youth with moderate to high-risk scores and offers services to reduce overall risk to recidivate. Level IV staff-secure services at Grace, Snowden and Mowlds Cottages are for short-term residential stays for youth with higher risk. Level V secure care services at Ferris School offers longer-term residential programming to youth with high risk and high needs. DYRS maintains contracts with community based providers to supplement services to address the needs of youth placed under supervision. For youth with specialized residential needs, the Division maintains residential contracts. In addition to these post-adjudicated services, DYRS provides pretrial supervision to youth in the community. In addition, DYRS has two detention facilities that serve youth placed in detention as the result of a secure bond.

During CY2017, DYRS and/or their contracted providers worked with 2,101 youth and their families. This is a decline of 185 youth from the previous calendar year. The Juvenile Civil Citation program received 304 referrals during CY2017. This is an increase of 114 youth over CY2016.

Population Statistics

Recent statistics show that Civil Citation has a successful completion rate of 90.6% for CY2017. A short-term recidivism study for youth referred during CY2016 showed only a 6.02% recidivism rate. Typically, recidivism is measured in 6-month, 12-month, 18-month and 24-month intervals so this rate could change as these milestones are reached.

Youth identified as low risk by the Division assessment tool, are referred to contracted providers who monitor their conditions of probation and address their criminogenic needs. Referral to these resources allows DYRS to embrace best practices of diverting low risk youth away from system involvement. In CY2017, 669 youth were served through these contracted resources. The average length of service was 166 days. For youth who scored the lowest on the tool, the average length of service was 65 days.

There were 1055 youth served through detention supervision during CY2017. This number may include youth detained more than once over the course of the year. The average length of stay was 32 days. Violent crime was the highest category for offense type leading to detainment. This was followed by property crime. Nearly 80% of the youth detained were males.

The residential alternatives to detention (RAD) served 324 youth in CY2017 with an average length of stay of 21 days. Youth served through RAD are able to attend their home school and continue with community-based treatment.

Community Services assessed and served over 2000 youth during the CY2017. The average length of an open case was 350 days. Of the total cases served, 59% were low risk, 15% were moderate risk, 13% were moderate high risk and 13% were high risk.

In CY2017, 371 youth were served through residential placement after adjudication. Ferris School served 116 youth with a 193 day LOS. The residential cottages of Grace, Snowden, and Mowlds served 174 youth with an average length of stay of 53 days.

Accomplishments

During SFY2017, DYRS began work associated with an Office of Juvenile Justice and Delinquency Prevention Second Chance Act grant. The grant will continue efforts for DYRS to build a quality assurance plan to include validating the assessment tool, establishing a reporting platform, conducting a comprehensive review of probation services and providing training in evidence based services. In CY2017, DYRS trained residential staff in the evidence based Aggression Replacement Therapy. Additionally, all of the Community Services case managers are participating in an ongoing training to instill and enhance motivational interviewing skills. DYRS continued the work of customizing and validating the community assessment tool. Development also began for a residential tool, which will allow for more individualized and comprehensive plans when a youth exits placement and returns home. DYRS expanded aftercare services in New Castle County for youth exiting Ferris School. The service provides 24/7 access and helps to support youth and families with advocacy and support as they transition home.

Barriers and Challenges

Limiting staff turnover continues to be a challenge for the Division. Job fairs are successful but high staff turnover limits capacity to build skills of existing staff. As low risk youth are diverted away from the system in alignment with best practice, the Division finds itself needing to plan for more high needs youth that require specialized case planning. These youth have intense criminogenic needs but also mental health and substance abuse needs. Accessing services in the best interests of a youth's individual situation can be complicated through the adjudicatory process.

The Division will continue to work on partnerships that can help reduce the barriers to accessing treatment for youth without needing to further deep end youth to gain the service.

Collaborative Efforts

DYRS is working collaboratively with system partners from the Family Court, Department of Justice and Office of Defense Services to form a Probation System Review Committee. This multi-disciplinary team will review ways best practices can be incorporated to continue to improve on outcomes for all youth at every stage of service. Members of DYRS will continue to serve on various committees throughout the state to focus on justice reform efforts to enhance family involvement, ease system barriers, and address the most high need/high risk youth.

Priorities for the Coming Year

The priorities for the coming year include implementing the new customized risk assessment tool by the end of the summer. This will include Division-wide training, which is an opportunity for staff from different program areas to become better informed about the comprehensive work of the Division. As research becomes available on best practices for increasing positive outcomes, the Division incorporates these practices into daily activities. Progress to date shows reduced caseloads and improved services builds momentum to strengthen our commitment to these practices. Transparency through identifying key performance indicators and making reports more accessible is prioritized to engage our community partners and provide them with information on the youth we serve.

Links to reports http://kids.DE.gov/pdfs/yrs_csg_jjbook.pdf

Trauma Informed Care (Division of Management Support Services)

DSCYF continues its commitment to a trauma informed system of care and the Trauma Informed Care Committee (TICC) continued to lead development and implementation of the Department's trauma informed care strategic plan. The TICC is composed of representatives from across DSCYF representing our four Divisions and includes Division of Family Services staff from the Office of Evidence Based Practice. The TICC implemented strategies during CY2017 that focused on the areas of workforce (recruitment, training and retention) and on service delivery, including promoting a trauma-informed provider community.

In the area of workforce, the TICC advanced its efforts to enhance recruitment of a trauma informed workforce. During CY2017, the Department established trauma informed care questions for use in all interviews of candidates for vacancies. The questions were developed to be used based on three key roles for staff within the Department- those whose role involves support to front line service providers (e.g. supervisors and front line staff in human resources, fiscal services, maintenance), supervisors of front line staff (e.g. supervisors of investigation and treatment workers) and front line staff working directly with children and families (e.g. investigation and treatment workers).

To build trauma informed competencies of staff, last year the TICC launched the "Introduction to Trauma Informed Care" training which is a required training for all staff within the first thirty days of their employment. To date, 242 staff have completed this training. The TICC developed curriculum for a full day in-person training for supervisors of front-line staff which launched May

2018. Training for front-line staff launches in the fall of 2018. In addition to expanding staff training, to continue to build staff competencies, the Department adopted performance plan expectations for all staff, which were incorporated into 2018 performance plans. Three core competencies were established and the TICC provided guidance regarding how staff in the different roles in the Department could demonstrate they meet the core competencies.

The TICC continues to prioritize increasing awareness about secondary and vicarious trauma and strategies to promote resilience of DSYCF staff. During CY17, the TICC hosted “Wednesday wellness webinars” Similar to the past two years, in CY2017, the TICC created a calendar of events for October. This year’s theme was “staff resilience” and the TICC held showings of the film Resilience for staff across the Department. In addition, the TICC held contests including a resilience scavenger hunt and a mindfulness practice challenge and sent weekly email blasts with resilience tips to staff.

The TICC launched a survey of all providers to gather information regarding their current level of trauma informed care practice and to learn about what providers need to advance their trauma informed efforts. A highlight of survey findings was shared with the provider community and a dialogue with providers regarding trauma informed practice is planned for CY2018. Also of note in 2017, the Department began implementation of Trauma Affect Regulation: Guide for Education and Treatment (TARGET). Initially, TARGET is being provided to children served in the state’s juvenile justice facilities, which includes children open with the Division of Family Services. Finally, the TICC began planning for the inclusion of trauma informed care language into the Department’s Operating Guidelines for providers as well as in RFP and contract language.

In addition to the Department focus on building the trauma informed skills of staff and working to build a trauma informed provider community, the TICC works with other systems serving children involved with DFS. In CY2017, the Director of Trauma Informed Care provided trauma training to a number of stakeholders including educators, police officers, and educational surrogate parents. A specially tailored training was provided for foster, relative and adoptive parents on recognizing and responding to trauma for children with intellectual and developmental disabilities. The Director also participated on the state positive behavior support advisory group promoting the incorporation of trauma informed practice into the multi-tiered systems of support used by local schools.

Consistent with the Department’s commitment to monitoring and quality assurance of prescribing of psychotropic medication to children in foster care and residential services. Members of the TICC including staff in DFS developed medication tracking tasks which are being built for inclusion in the information system. These tasks will help the Department collect, analyze and monitor the use of psychotropic medications as well as to track the outcome of targeted consultation for individual children in foster and residential care.

During CY2017, the Director of Trauma Informed Care continued to be active with a state-level grassroots effort called Trauma Matters Delaware (TMD). TMD hosted trauma informed events in the community attended by community members including DFS staff. During the reporting period, TMD hosted an event on building community resilience (ref: <https://publichealth.gwu.edu/departments/redstone-center/resilient-communities>) and on the

Sanctuary Model (ref: <http://www.sanctuaryweb.com/>). In addition to these events, TMD hosted a data release for the adverse childhood experiences (ACE) data collected as part of a household health.

K-5 Early Intervention Program

The K-5 Early Intervention Program (EIP) is an innovative collaboration between the DSCYF and DOE. EIP provides services to students displaying behavioral problems that impede their learning processes, or the learning process of others. The Early Intervention Program was created in 1995 through collaboration between Department Secretaries, the Legislative Joint Finance Committee, and then Governor Carper. The program started with 9 Family Crisis Therapists (FCT) and currently employs 54 FCTs.

EIP targets children who exhibit behavioral, academic, social, or mental health problems that, unless appropriately addressed at an early stage, can manifest through early failures in school into other more serious social and/or emotional developmental issues and potentially lead to early onset conduct disorder. These children often experience early incidents of delinquency and can potentially begin a lifetime cycle of failure. If these problems are not addressed early, children and their families are likely to require more intensive and expensive interventions later in the life cycle and continue to the deeper-end services of DSCYF.

Fifty-four FCTs from DSCYF are assigned to designated elementary schools in fifteen school districts and seven charter schools throughout the state. The EIP is a voluntary program for parents/caregivers. Referrals are made by principals, teachers, guidance counselors, nurses and other school staff. A typical caseload of an FCT is 15 to 17 children/families. From January 2017 through December 2017, caseload size was 17 to 20 cases per FCT. From September 2017 through December 2017, caseload size was 15 to 17 cases per FCT.

EIP's holistic approach employs FCTs that are uniquely different from traditional guidance or school counselors. FCTs work with students' entire families, including parents/guardians and siblings. In many instances, FCTs work with families to address basic and/or crisis issues e.g., preventing utilities from being shut off, thus enabling them to focus on the emotional, academic, and social needs of the child(ren).

The goals of the EIP are to improve student behavior, strengthen parenting skills, and reduce the number of families and children needing more intensive services from the Department.

All children and families are evaluated (including a trauma screen) and then an intervention plan is developed with the family. The FCTs provide support, when appropriate work on parent training skills with the parents, assist the child in developing self-control skills and helps the family connect with community resources.

Accomplishments

EIP keeps statistics on number of staff, location, children and families served, cases, contacts and services:

Time period	January 2014 to December 2014	January 2015 to December 2015	January 2016 to December 2016	January 2017 to December 2017
# FCTs	average # of FCTS=51	average # of FCTS=51	average # of FCTS=52	average # of FCTS=52
# of vacancies	5	6	7	8
#Schools	53	54	54	54
#Districts	14	14	14	15
#Public	48	49	50	47
# Charter	5	4	4	7
# New Cases	535	566	565	563
# Ave Cases/Month	15	16	17	*16
# Ave Students/Month	35	38	34	33
# Ave Adults/Month	26	28	26	24
Contacts - Time Period	<u>Total for 12 months</u>	<u>Total for 12 months</u>	<u>Total for 12 months</u>	<u>Total for 12 months</u>
# Ave Non Caseload Students/Month Total	18/11,106	28/12,211	22/13,379	21/13,082
# Ave Non Caseload Adults/Month Total	7/4,151	7/4,513	7/4,141	7/4,054
# Ave Home Visits/Month Total	15/9,106	10/6,338	11/6,760	12/7,542
# Ave Office Visits/Month Total	13/7,429	8/4,940	10/5,969	11/6,698
# Ave Individual Counseling Sessions/Month Total	129/77164	66/40290	76/46993	72/44703
# Ave Groups, Large And Small/Month Total	19/11,219	19/11,918	23/14,375	28/17,436

Time period	January 2014 to December 2014	January 2015 to December 2015	January 2016 to December 2016	January 2017 to December 2017
# Ave Family Counseling Sessions/Month Total	15/8,886	16/9,798	21/12,896	26/16,063

*From January 2017 through August 2017, caseload size was 17-20 cases. From September 2017 through December 2017, caseload size was 15-17 cases.

During this reporting period from January 2017 to December 2017 K-5, the Early Intervention FCTs partnered with numerous community-based services, including: Catholic Charities, Salvation Army, Ministry of Caring, School Districts, Department of Health and Social Services, Adopt-A-Family, local community centers, homeless shelters, medical centers, and mental health providers for children and adults. These services include mental health agencies, housing agencies, food and clothes closets, domestic violence agencies, homeless shelters, drug and alcohol counseling agencies, job assistance programs, and childcare providers. By accessing necessary resources before a crisis arises, the FCTs support the family and help ensure through home visits that they are getting the help that they need to remain intact and functional. Through a partnership with the Nemours Foundation in 2011 and 2012, EIP became certified providers of “Triple P” Positive Parenting Practices parenting program. FCTs have 2 of the top 3 nationally ranked empirically validated programs available for DE families. The combined efforts of these governmental and non-profit organizations help promote safety, permanency and well-being.

Priorities for the Coming Year

The K-5 Early Intervention Program has identified 5 priorities that have the most effect on caseload families’ ability to succeed:

- Contact with the child at the school. Each caseload child is seen individually 4 times each month.
- Parent engagement. Parents from each family are seen at home once each month and at school once each month.
- Communication with the school. FCTs maintain constant contact with teachers and school leaders.
- Assessment and case planning. The FCT, parent, teacher and child all provide feedback to inform case plans and measure progress. Families are assessed by at least 6 instruments within 30 days and are assessed twice annually and again at case closure. These assessments are used to identify and modify case plan goals. These activities drive the changes that lead to success.
- Collaboration with the community.

Office of Child Care Licensing

The Office of Child Care Licensing (OCCL) promulgates regulations and monitors the regulation compliance of licensed providers who provide services in the following facilities: family child care homes, large family child care homes, early care and education and school-age centers, residential child care facilities and day treatment programs for children, and child placing agencies (adoption and foster care). Its mission is to ensure the safeguards and enhance the quality for children in out-of-home care. Additionally, the Criminal History Unit, part of OCCL, conducts,

receives, evaluates, and/or disseminates information from a criminal history record check and child protection registry check for applicable persons as provided in DE Code.

Accomplishments

OCCL completes 100% of its mandated yearly site visits. In addition to the required annual visits, OCCL completes additional visits to investigate complaints of regulatory non-compliance, allegations of unlicensed care, and additional visits to ensure regulation compliance to providers on an enforcement action. The OCCL reviews and updates its Procedures Manual annually to reflect current practices that promote conformity in regulation monitoring procedures throughout the state. Relationships and partnerships are created and strengthened with other agencies, such as the Delaware Department of Education's Office of Early Learning, Delaware Stars for Early Success (Delaware's voluntary quality-rating improvement system for early care and education providers), Delaware Health and Social Services, Delaware Association for the Education of Young Children, and Nemours Health and Prevention Services. Joint visits with representatives from the Child and Adult Care Food Program (CACFP) and Purchase of Care (POC) programs continue as needed to determine regulation compliance.

In addition to the training sessions offered for anyone seeking to obtain a child care license from OCCL, a "Staying in Compliance Training" provides technical assistance at statewide educational conferences, to community partners, to providers upon request, and as part of a required corrective action plan for providers struggling to achieve regulation compliance. When OCCL enacts new regulations, it conducts multiple training sessions in all three counties to acquaint providers with changes to the regulations. The reauthorization of the federal Child Care Development Block Grant necessitated multiple changes in requirements for providers. Providers had to complete additional specific trainings and in 2018, all previously licensed family and large family child care providers and their adult household members must complete a comprehensive background check prior to their license renewal. OCCL contacted providers multiple times to ensure they were aware of these new requirements. Additionally, OCCL created and offered multiple in-person trainings on the newly required health and safety trainings for providers without internet access or who preferred face-to-face training. Additionally, OCCL offers to current and aspiring center administrators, an Administrator Training to further enhance the skills of center leaders in complying with child care regulations. This training was also offered at the annual statewide early childhood conference. OCCL trainings are offered at no cost to the registrants and help providers meet their annual professional development training hour requirements.

During the 2017 summer season, youth camp employees and volunteers completed a signed consent to have their criminal record checked by the DE Justice Information System (DELJIS) and to have a Child Protection Registry check completed by the DSCYF's Criminal History Unit (CHU). A DELJIS contractor conducted all of the criminal background checks while CHU completed 3410 Child Protection Registry checks for 252 camps for children ages 5–18. To date, there are 252 youth camps registered for checks in 2018.

In 2017, the CHU conducted 7,680 fingerprinted background checks for those who work at child-serving entities in DE and 60,586 child protection registry checks for those who work at child-serving entities and health care entities. The background checks and child protection registry checks are mandated under Delaware and federal Code. The laws require persons seeking employment who have unsupervised access to children and adults to have a background check and

child protection registry check completed prior to employment or during a conditional period of employment. In addition, foster, respite, adoptive parents and their household members 18 years or older must have a background check prior to approval or during a period of provisional approval with the department or contracted providers.

OCCL challenges include:

- The November, 2014 federal reauthorization of the Child Care and Development Block Grant (CCDBG) requirements continue to have significant impact on the regulations and workload of OCCL.
- An increase in complaints made to this office regarding possible regulation violation by licensed providers, requiring additional visits to facilities to investigate the complaint.
- OCCL continues the regulation revision process to comply with federal requirements. This revision process is time-consuming, as it requires the combined efforts of the entire supervisory team. The Regulations for Residential Child Care Facilities and Day Treatment Programs are the next set of regulations to be revised. After regulations are revised, multiple trainings are held to inform providers of the regulation changes.

OCCL works closely with the Office of Early Learning, Delaware Stars for Early Success, and other community partners for the benefit of the early childhood community. OCCL administration, supervisors, and staff serve on numerous early childhood committees including: DE Early Childhood Council, Integrity Committee, WAGES\$ Advisory Committee, DE Technical and Community College (DTCC) Early Childhood Advisory Board, New Castle County Vo-Tech Advisory Board, Wilmington Early Care and Education Council (WECEC), Families and Centers Empowered Together (FACET), Delaware Stars Early Childhood Curriculum Review Panel, QRIS Revision Committee, CCDBG Pre-Print Committee Meetings, CCDBG Infant/Toddler Policy Tool Development Task Force, and Teacher Education and Compensation Helps (T.E.A.C.H.) Early Childhood Awards Advisory Board.

Priorities for the Coming Year

As for priorities for the coming year, OCCL must complete the revision of child care regulations for Residential Child Care Facilities and Day Treatment Programs and implement and train providers in new requirements for the Administration of Medication. A provision of the reauthorized CCDBG requires that currently exempt providers who receive POC subsidies must become licensed in order to continue to receive POC. The criminal background check procedures are greatly expanded, dramatically increasing the workload. OCCL must meet this additional workload demand in a timely manner. Monitoring procedures continue to be reviewed to ensure regulation enforcement conformity throughout the state.

Delaware Interstate Compact Unit

The Interstate Compact Unit provides monitoring and administrative case management services to promote the protection of children who are placed into or out of Delaware for the purpose of foster care, relative care, and adoption, probation and aftercare supervision. Unit staff monitor the progress of referrals and ongoing supervision of children placed in Delaware to ensure compliance with timelines and guidelines established in federal, state and compact laws. The unit provides technical assistance to staff, families, agencies, attorneys and courts related to the interstate compact processes and pertinent laws. The unit also serves as a liaison between DSCYF, local

agency staff and other Compact states. The Interstate Unit approves the eligibility of a qualified resource to provide care for a child in another state's custody. Interstate placements are monitored for the continued appropriateness of the home and the provision of benefits and services. The Interstate Unit contracts with private agencies to provide home studies and supervision for placements referred to Delaware from other states.

The Interstate Unit provides administrative case management services related to the interstate compacts regulating child placements and transfer of supervisions, as well as, pertinent state and federal laws. The compacts are:

- The Interstate Compact on Adoption and Medical Assistance (ICAMA). Del C. 31 §5402, ICAMA was established to safeguard and protect the interstate interests of children covered by an adoption assistance agreement when they move or are adopted across state lines.
- The Interstate Compact for Juveniles (ICJ). Del C. 31 §5203, the purpose of the ICJ is to promote both youth and public safety, protect the rights of victims through use of uniform procedures, control the movement of youth across state lines and provide for supervision in the receiving state and to promote rehabilitation of youth through effective supervision.
- The Interstate Compact on the Placement of Children (ICPC). Del C. 31 §381, ICPC promotes the safety and well-being of children placed across state lines for the purposes of foster care or adoption by creating uniform law and procedures for member states. All 50 states, D.C. and the U.S. Virgin Islands are compact members.

The unit is comprised of an Interstate Compact Administrator, two Interstate Compact Deputy Administrators, a Family Services Program Analyst and an Operations Support Specialist.

Accomplishments

During FY 2017, the Interstate Unit managed approximately 800 cases concerning children who were dependent and/or delinquent and placed in, or re-locating to, another state. The interstate team is preparing for comprehensive electronic record keeping. Activities include developing a more defined archiving process along with historical cleanup and improved data tracking. Data cleanup was a major requirement transitioning into FOCUS. The unit also reviewed the 90 day Overdue Quarterly Report, closed out cases that were withdrawn or left in pending status and closed youth that have aged out of ICAMA.

The unit also worked hard on document recovery for all three compacts. The unit utilized The Juvenile Interstate Data System, (JIDS) a web-based system accessing data through dynamic or static reports on a local or national level. JIDS' implementation furthers the mission of the Compact by promoting public safety interests through the effective tracking and supervision of juveniles and establishing a system of uniform data collection on information pertaining to juveniles subject to the Compact.

Collaborative Efforts

The Interstate team has strengthened the working relationship with the Medicaid agency increasing the timelessness of having a child's Medicaid activated. While also building new relationships with the Interstate Commission for Adult Offender Supervision in effort to increase resources for youth that are entering adulthood or who have already reached adulthood.

Priorities for the Coming Year

The Interstate Unit will continue to provide monitoring and administrative case management services to promote the protection of children placed in or out of Delaware for the purpose of foster care, relative care, and adoption, probation and aftercare supervision. The unit will continue to evaluate the work of our contract providers to improve our outcome measures and move children to a forever home in more of a timely manner.

The Interstate Unit will work towards obtaining an MOU to be able to implement the National Electronic Interstate Compact Enterprise (NEICE) which is a web-based electronic case processing system used by states to process ICPC cases.

Due to the movement to an electronic data system, our goal is to have Interstate Forms more easily accessible on the statewide website.

Family Informed Resource Support Team (FIRST)

FIRST (Family Informed Resource Support Team) consists of a five person team (one Coordinator, three Community Resource Specialists and one Administrative Support) who through a strength based, family engaged approach, work with youth identified to be at risk of placement. The team works with the family and extended supports to identify community resources that will strengthen the family or caregiver's capacity to care for the youth.

Accomplishments, August 2016–December 2017

The FIRST team has connected over 60 youth and their families to 117 services and supports to address their identified individual needs. Seventy-four percent of services are free/no fee and 26% of services are fee-based funded by DSCYF or an external agency. FIRST targets free services within the community to create long-term opportunities for youth to explore after DSCYF is no longer involved with the family. The family receives a Recommended Services Report, containing program and contact information for local agencies in their community. FIRST schedules meetings at a date/time/location convenient for the family. Eighty-nine percent of FIRST referral interviews were conducted in the family residence and 11% were conducted in a school or community setting. Overall, 49% of FIRST meetings were held in the family residence and 13% were held in a school or community-based location. Community-based locations such as the local library were primarily chosen by families that did not have the capacity to host a large group of meeting participants in their residence. Families also opted to include the FIRST meeting with a scheduled division meeting that resulted in 33% of all FIRST meetings integrated with a division meeting. Ninety-six percent of guardians participated in the meeting and process. Youth participation is a parent/guardian driven decision. The majority of parents/guardians chose not to include children under the age of 12, thus the 17% enrollment rate for ages 4–11. Youth, ages 12–18, had a 91% attendance rate. FIRST process also strengthens interdivisional knowledge and collaboration. Ninety-eight percent of DPBHS, 88% of DFS and 89% of DYRS caseworkers participated in the FIRST meeting and process.

Twenty-seven families responded to a 30-day survey. The responses revealed:

- 95% of families state the FIRST process and services was beneficial to youth or the family;
- 81% responded that the implemented services met the individual's needs;
- 81% reportedly maintained a community-based placement (in-home, relative or foster care);

- 15% transitioned to a residential treatment center or group care home;
- 2% were placed in detention;
- 2% of placements could not be determined; and
- 2% of youth acquired new adjudications.

Challenges

The FIRST initiative employs four casual seasonal positions and one contractor position. Staff turnover limits the ability to stabilize the team. The enrollment rate for multi-divisional eligible youth hovers around the 50% rate. The FIRST team continues to explore and test methods and ideas to increase to the targeted 70% enrollment rate. Worker referrals generate a 70% family enrollment rate. FIRST believes the key to increase enrollment and positive outcomes for youth is to expand on division worker awareness and willingness to submit referrals. Limited community-based resources for specific categories (mentor, childcare for older youth, respite and transportation) cannot support family needs. The collective team works together to identify work around solutions to these barriers.

Priorities for the Coming Year

FIRST continues to research ways to provide value added support to DSCYF caseworkers and families to promote positive outcomes. FIRST will identify opportunities to collaborate with other divisions on special projects and workgroups. Efforts will include exploring options to expand the referral process to approved external agencies to increase enrollment rate and to offer FIRST services to a larger segment of youth population and options to incorporate the FIRST process into out-of-state youth transitions to Delaware to assist with the transition plan and provide needed supports once youth return. FIRST will focus on developing a more detailed system to record cost savings and funding partnerships for fiscal reporting and budget management. Currently, 70% of families respond to the outcomes survey follow-up interview. FIRST will continue to evaluate the outcomes reporting process to increase post-process response rate from families and improve on the measurement of key performance indicators.

Community Partners

Community Based Child Abuse Prevention Grant (CBCAP)

Prevent Child Abuse Delaware (PCAD) has been the lead agency for the federal CBCAP grant since 2004. The CBCAP grant represents federal funds provided to each state annually based on population size. The base grant for Delaware is \$200,000 with an opportunity to leverage additional dollars utilizing state and/or other sources of funding. The funds are utilized to support community-based efforts to develop, operate, expand, enhance and where appropriate, to network initiatives aimed to prevent child abuse and neglect and to support networks of coordinated resources and activities to better strengthen and support families.

Each year the Chief Executive Officer of each state designates a lead agency responsible for the grant. The lead agency has two major areas of responsibility, providing support, training and technical assistance to the community-based programs that receive grant funding and to provide leadership to a network of coordinated resources to better strengthen and support families. In Delaware, the Family Support Coordinating Council (FSCC) lead by PCAD serves in this capacity.

The Family Support Coordinating Council is a multi-disciplinary, collaborative, public-private council that is committed to assuring that family support resources are available in Delaware. The FSCC works with the Home Visiting Community Advisory Board, the Early Childhood Council and the Office of Early Learning to coordinate efforts on behalf of children and families in Delaware.

During CY2017 PCAD worked with Rebecca Joy Gillam at the University of Kansas to explore the use of the Collective Impact Framework to reinvigorate FSCC. Conversations with Rebecca and the council, in individual interviews and as a group, lead to the conclusion that the FSCC could have the greatest impact by working to change social norms to support parenting by making a joint effort to promote and disseminate the materials designed for the QT 30 (Quality Time 30 Minutes a Day) campaign. Generated by a group of Delaware professionals these materials were created to both help parents appreciate the importance of spending 30 minutes of quality time with their child(ren) every day and to suggest possible activities.

CBCAP Grant Funded Programs

During CY2017 PCAD provided CBCAP grant funding to support a hospital-based abusive head trauma prevention program, cohorts representing the Delaware Readiness Teams and the *Strengthening Families through Parent Provider Partnerships in Child Care* initiative. These funds are used to provide the following services:

Parent Education

The “All Babies Cry”[®] (ABC) abusive head trauma (AHT) prevention program is based on the Strengthening Families Model and the Theory of Planned Behavior. The ABC program was assessed for efficacy, using a mixed-method, quasi-experimental staged evaluation design. The results of the study showed that the program is well received, appears effective in improving mediators of behavior, and may change parental behavior. Parents/caregivers are the most common perpetrators of abusive head injuries. The period of greatest risk for shaking coincides with the newborn period, particularly at eight weeks of age, when crying peaks. Childbirth is usually a time of almost universal contact between parents and the health care community. In addition, adult learning theories suggest that adults are more willing to engage in learning before, after, or during a life-changing event. Assessing the number of cases in Delaware from 2015-2017, the state has averaged 8 AHT cases per year, this represents a reduction of 61.5% in AHT cases, indicating that the second generation AHT education programs maybe more effective than the first generation. A review of the 2016 AHT cases reveal that approximately 90% of those families did not participate in the ABC program. This finding may indicate that new parents who have limited coping skills may be more likely to decline the hospital-based education program. In light of this, efforts will be made to utilize home visitors to provide the ABC materials to high risk families.

The components of the program are as follows:

- Parents at all birthing hospitals and parents that have had their infants transferred to the neonatal intensive care unit at Delaware’s only children’s hospital receive this education prior to discharge.

- All parents are given the opportunity to view an 11-minute video at the hospital. Data indicates that over 75% of new parents viewed the video last year. In 2018, the goal is increased to 90% or higher.
- All parents receive an ABC booklet that is specific to Delaware. The booklet provides information on how to access the ABC website and the new phone app. The website provides checklists, activities, hotline numbers and other resources that focus on infant crying, soothing techniques and self-care.
- Parents are asked to voluntarily sign a Commitment Statements (CS), which signifies that they have received information on infant crying, soothing techniques and understand the information presented. A statement on the CS asks the caregiver if a representative from the program may call them in six-eight weeks, to participate in a brief survey.
- One-on-one discussion with a maternity nurse is vital to the success of this program. Training and a sample script are provided to the maternity nurses. Providing the information from the script requires no more than five minutes. All hospital pediatric and obstetric nurses received a refresher training session in 2017.
- A Child Death Review Commission staff person makes follow up telephone calls to ask parents/caregivers to complete a brief survey. The survey includes questions about their recall of having the nurse share information about ABC, experiences with infant crying, and the use of techniques that they learned from the program materials. The staff person makes referrals to resources if needed.
- In 2017, the AHT Coordinator continued to remain in close contact with all hospitals to discuss their needs.

The hospital-based AHT educational model addresses the risk and protective factors identified in the Community Based Child Abuse Prevention Conceptual Framework (2006) adopted as a model ecological framework by the National Administration for Children and Youth. The protective factors identified in the model include bonding and attachment, parental resilience, knowledge of parenting and child development, social connections, and concrete supports in times of need. The “All Babies Cry”[®] hospital-based program addresses these issues through educating parents/caregivers on normal infant crying behaviors, comforting measures for the infant, self-care tips for parents and resources for new parents such as websites, hotlines and books.

Community Based Family Strengthening Activities

During CY2017, grants were provided to support three projects conducted by cohorts representing nine Delaware Readiness Teams. The table below summarizes their activities within their communities.

Location	Event	Purpose & Objective
1. Harrington Hubcaps, South Dover and North Dover Readiness Teams	Community Cafes held to establish what family’s needs are to support children’s social and emotional development, children involved in developmentally appropriate activities.	Build protective factors. Findings from these discussions to be used to create learning opportunities within the community and to plan a parent track at the upcoming <i>Making a Difference Conference</i> sponsored by the Office of Early Learning.

	Building the Foundation for Success conference, focus on conscious discipline.	
2. Mt. Pleasant Community Partnership	Kindergarten Academies to ease the transition between PreK – K and to deepen the understanding of families about their role in their child’s development and learning Parent lead learning session, <i>Tips for Success</i>	Build a relationship between children, their families and the school staff within the elementary school. Provide parents with information and take-home activities in each of the learning areas encompassed in the Kindergarten curriculum.
3. Wilmington Readiness Teams (1 st District, Center City, Hanover, NESSE, and Western Wilmington)	3rd Annual Empowered Parent = Ready Children Conference.	Provide training, personal empowerment activities and supports to strengthen families.

Strengthening Families through Parent Provider Partnerships in Child Care

To date 17 childcare centers have been engaged in this program designed to provide staff with the knowledge, tools and supports that they need to help build protective factors in families. PCAD provides training and technical assistance to each center so that the following goals can be achieved:

- Reach large numbers of children and families with a primary prevention initiative.
- Help the staff at the childcare sites to establish personal and trusting relationships with families.
- Train childcare center staff to provide family members with encouragement and education.
- Empower the childcare center staff to act as an early warning system and to intervene with families before abuse and neglect occurs.

Participating child care centers receive up to three years of grant funding and annual increases are available (Year One - \$4,000, Year Two - \$6,000, Year Three - \$8,000). In addition to the grant funds, grantees receive training and on-site technical assistance, including Lunch and Learn sessions, and have the opportunity to participate in a learning community comprised of center director and program staff. Grantees are required to create a leadership team that includes parents and staff that meets at least quarterly. They must also complete a self-assessment in order to create and implement an annual action plan designed to build the protective factors. All grantees participate in the project evaluation and interact with the project evaluator in order to collect and analyze the data collected. During the past year, the participating centers have:

- Created lending libraries for parents and family members that include information on parenting and child development
- Held social events that provide families and staff the opportunity to interact

- Encouraged the participation of fathers with their children by hosting special events
- Hosted parent education sessions
- Updated information on community resources
- Published center newsletters
- Enhanced staff supervision and provided staff incentives for attending training and participating in center sponsored events
- Provided concrete support in times of need
- Conducted quarterly Town Hall Meetings with staff and families

Each program had outcome measures, accomplishments, barriers and challenges for CY2017.

- Parent Education – Since 2009 when this project was implemented the number of shaken baby deaths and near deaths in Delaware has decreased. Efforts continue to assure that all new parents utilize the materials, especially in the Latino community.
- Community Based Family Strengthening Activities - Grantees are required to assure that their team includes parents who help to plan and implement the team's funded project. They must also base their activities on the community assessments that they have completed and in some cases on the information that they have harvested from the Community Cafes conducted within their communities. All grantees participate in the project evaluation and interact with the project evaluator to discuss their activities and relate them to building the protective factors. During the past year the participating teams have:
 - Conducted Community Cafes to foster conversations with families and other community members to determine needs and to offer opportunities for sharing and learning
 - Produced a "harvest" from the Community Cafes conducted
 - Provided parents with resources to engage in activities with their children that promote language, motor, cognitive and social and emotional development
 - Provided opportunities for families to interact with school personnel to aid in a smooth transition to kindergarten
 - Provided information on available community resources
 - Distributed needed items to families, including homeless families
- Strengthening Families through Parent Provider Partnerships in Child Care – Parent surveys have continued to indicate strong and positive outcomes to questions about their relationships with classroom teachers and their willingness to ask questions when they are worried about their child(ren). Staff surveys have demonstrated a general belief that it is important to share information with parents daily and that building strong relationships between staff and parents is a priority at their childcare center. To date anecdotal data is tied to building the six protective factors listed below:
 - Parental resilience
 - Social connections
 - Knowledge of parenting and child development
 - Concrete support in times of need
 - Social and emotional competence of children
 - Healthy parent-child relationships

Priorities for the Coming Year

During this year, it is the goal of PCAD, as the lead agency for Delaware's CBCAP grant, to increase the likelihood that at-risk children are safe and protected from harm by supporting, training and providing technical assistance to community-based programs designed to strengthen families by building protective factors. Research indicates that when these factors are present and strong in a family, the likelihood of child abuse and neglect diminishes. All grantees work with the project evaluator to determine program outcomes. In the past, each program determined what these outcomes were and how they were measured. While this data has demonstrated positive results, it is challenging to determine the impact within our state of the CBCAP dollars invested. Going forward the project evaluator will assist all funded programs measure success at building the protective factors identified by the Administration for Children and Families and the Center for the Study of Social Policy.

Office of the Child Advocate/Child Protection and Accountability Commission

The Office of the Child Advocate (OCA) is a non-judicial state agency charged with safeguarding the welfare of Delaware's children. OCA was created in 1999 in response to numerous child deaths in Delaware resulting from child abuse. These cases pointed to deficiencies in the child protection system that could only be remedied through the collaborative efforts of Delaware's many child welfare agencies. The General Assembly determined that an office to oversee these efforts, staff the Child Protection Accountability Commission, and provide legal representation on behalf of Delaware's dependent, neglected, and abused children was necessary. Pursuant to 29 Del. C. § 9005A, OCA is mandated to coordinate a program of legal representation for children which includes the Court Appointed Special Advocate Program; to periodically review all relevant child welfare policies and procedures with a view toward improving the lives of children; recommend changes in procedures for investigating and overseeing the welfare of children; to assist the Office of the Investigation Coordinator in accomplishing its goals; to assist CPAC in investigating and reviewing deaths and near deaths of abused and neglected children; to develop and provide training to child welfare system professionals; and to staff CPAC.

While OCA has many statutory duties, legal representation of children is a significant part of OCA's mission. OCA accomplishes its charge to represent children through the employment of four Deputy Child Advocates (DCAs), eight Contract Child Attorneys, a substantial and dedicated pool of CASA Volunteers and volunteer Child Attorneys supervised by OCA staff, and strong partnerships with the child-serving agencies in Delaware. The CASA Program moved from Family Court to OCA on March 6, 2017. Another statutory responsibility is assisting the Office of the Investigation Coordinator (IC) accomplish its goals. The IC was established in the wake of Dean Ammons' independent review of the Earl Brian Bradley case. As a result of Dean Ammons' review, the Governor's Committee on the Protection of Children was established in order to address recommendations relating to multidisciplinary collaboration and coordination. In 2013, legislation was put forth, drafted by the Committee, and ultimately championed by CPAC, creating the Office of the Investigation Coordinator. The IC performs two mission critical functions for at-risk populations of children in Delaware: 1. Monitor each reported case involving the death of, serious physical injury to, or allegations of sexual abuse of a child from inception to final criminal and civil disposition; and 2. Monitor infants with prenatal substance exposure. The IC transferred from DSYCF to OCA April 20, 2016.

In addition to overseeing OCA, the Child Advocate serves as the Executive Director of CPAC, which is comprised of key child welfare system leaders, who meet regularly with members of the public and others, to identify system shortcomings and the ongoing need for system reform. CPAC's overall statutory mission is to monitor Delaware's child protection system to ensure the health, safety, and wellbeing of Delaware's abused, neglected, and dependent children. CPAC serves as the federally mandated Citizen Review Panel and Children's Justice Act (CJA) State Task Force.

During FY2016, CPAC was vested with state statutory authority to investigate and review deaths or near deaths of abused or neglected children. This responsibility transferred from the Child Death Review Commission to CPAC on September 10, 2015. Then, at its meeting of October 14, 2015, CPAC ratified the Child Abuse and Neglect (CAN) Steering Committee and Child Abuse and Neglect (CAN) Panel. In addition, CPAC authorized the CAN Panel to conduct the confidential investigations and retrospective reviews on behalf of CPAC and charged the CAN Steering Committee with providing oversight of these duties. As such, all activities of the CAN Steering Committee and CAN Panel are statutorily confidential. However, the statute allows for the Commission to release system-wide recommendations arising from an investigation and review to the Governor, General Assembly and public.

In January 2016, OCA, on behalf of CPAC, received a Casey Family Programs grant to improve education outcomes for youth in foster care. This grant transferred from the Family Court to continue efforts that were previously underway in the state. Soon after receiving the grant, CPAC developed a strategic plan that focused on two main goals. First, CPAC targeted strategies and trainings to address the social and emotional needs of "system involved youth." Second, CPAC focused efforts to improve interagency cooperation and coordination of educational services for all system involved youth. To that end, CPAC has moved at a rapid pace to make significant progress on initiatives and collaborate with systems partners to improve school stability and academic supports for system involved youth, and particularly for children experiencing foster care.

Accomplishments, Barriers and Challenges

Throughout SFY2017, OCA provided legal representation to 1,261 children statewide. Five hundred fifty-five children were represented by a Contract Child Attorney and CASA, 498 were represented by a Volunteer Child Attorney and 208 were represented by Deputy Child Advocates. Two hundred thirteen CASA Volunteers in partnership with 8 contract Child Attorneys represented 555 children. The CASA Program trained 36 new CASAs through multiple statewide training sessions. Numerous hours were also spent on in-service trainings of CASAs.

During FY2017, 266 volunteer Child Attorneys represented 498 children. Of those volunteer Child Attorneys, nine were new volunteers handling their first case. OCA's Managing Attorney trained 20 attorneys through six training sessions in FY2017, including veteran volunteers who attended the training to refresh their knowledge of the child protection system. By the end of FY2017, OCA had a dedicated volunteer pool of 249 attorneys, 176 of which had at least five years of experience.

To fulfill its charge of monitoring cases of alleged child abuse and neglect, the IC receives weekly and monthly data extracts from DFS, the Delaware Criminal Justice Information Center (DELJIS), and the Children's Advocacy Center of Delaware (CAC). All referrals are reviewed and analyzed

utilizing FOCUS and DELJIS, and then opened if they fit within the purview of the IC. In FY2017, the IC received 2,970 referrals from DFS, DELJIS and CAC, and opened 1,181 cases to monitor. Of the 1,181 cases opened, 91% (1,080) alleged child sexual abuse, 6% (66) involved a serious physical injury to a child, and 3% (32) were child deaths. On June 30, 2017, 748 cases were open in the IC database. The IC also receives weekly data extracts from DFS for any infant reported to DFS for suspected prenatal substance exposure. These cases are reviewed, analyzed and monitored in the same manner as cases of alleged child abuse and neglect and entered into a separate independent database case tracking system. In FY2017, the IC received 414 referrals of infants exposed to substances ranging from opiates to benzodiazepines.

In FY2017, DSCYF and OCA provided onsite training to 369 professionals using the mandatory reporting for general audiences, “How to Identify and Report Child Abuse and Neglect in Delaware.” Additionally, 636 participants completed the online training and survey through OCA’s Online Training System. DSCYF and OCA staff provided the onsite school training, “How to Identify and Report Child Abuse and Neglect in Delaware: 2016-2017 School Training”, to 862 professionals. Approximately 8,000 additional teachers and other school staff completed the online training and survey. Each year, OCA staff partners with Department of Education to make the training available. OCA staff also coordinated with the Department of Professional Education and the Medical Society of Delaware (MSD) to revise and provide the medical training, “Child Abuse Identification and Reporting Guidelines for Delaware Medical Providers” to 4,644 medical professionals through OCA’s online training system.

In FY2017, the CAN Steering Committee met quarterly to review and approve the work of the CAN Panel. In particular, the Committee approved the retrospective reviews conducted by the CAN Panel between May 2016 and March 2017. During this period, the Panel reviewed 52 cases - 14 deaths and 38 near deaths. The result was 157 strengths and 204 findings across six system areas. At each quarterly Commission Meeting, CPAC Commissioners reviewed and approved the strengths and findings arising from the investigation and review of these 52 deaths and near deaths due to abuse or neglect.

During FY2017, OCA remained the recipient of a Casey Family Programs grant, to improve educational outcomes for children experiencing foster care. While the accomplishments under this grant are numerous, OCA staff together with its contractors, have trained over 2,000 educators and other related agencies on how the Compassionate Schools Model can improve connections between educators and students who have experienced trauma, foster care, or toxic stress.

Collaborative Efforts

In addition to the review and release of findings related to child abuse and neglect death and near deaths, CPAC is charged with making system-wide recommendations and meeting with the CDRC annually to discuss the work of the CAN Panel. CPAC accomplishes this through a joint retreat. In September 2016, CPAC and CDRC convened its joint retreat to discuss the findings made since the last joint retreat in January 2015. These findings stem from the review of 41 child abuse and neglect death and near death cases for incidents that occurred between January 2015 and May 2016. The result was 303 findings across six system areas. In its new action plan for 2016-2017, CPAC and CDRC established 31 recommendations for system improvement. At its February 8,

2017 quarterly meeting, CPAC and its partner agencies shared an update on the status of its recommendations.

In FY17, the IC was responsible for co-chairing the CPAC/CDRC Committee on Substance Exposed Infants and Medically Fragile Children, overseeing the state's In-Depth Technical Assistance for Substance Exposed Infants from the National Center on Substance Abuse and Child Welfare (NCSACW), and supporting the federal grant application for a Regional Partnership Grant to fund the development of Plans of Safe Care for infants with prenatal substance exposure and their families.

OCA participated in the passage of several bills during FY2017 as well as advocated to the Joint Finance Committee for state resources for various child welfare agencies. Senator Margaret Rose Henry and Representative Melanie George Smith, with assistance from their colleagues, introduced five CPAC bills – SB86, SB87, HB140, HB181 and HB182. Senate Bill 86 established Family Court authority to appoint an Education Decision Maker for dependent and delinquent children and Senate Bill 87 updated the school stability law for children in DSCYF custody to comply with new federal law. House Bill 140, also known as Aiden's Law, was signed into law June 7, 2018, and codifies the State's duty to provide for infants with prenatal substance exposure. House Bill 181 is a result of the new MOU for the Multidisciplinary Response to Child Abuse and Neglect approved by Delaware's Multidisciplinary Team. House Bill 181 codified best practices for a multidisciplinary response to investigations of child abuse and neglect. House Bill 182 tightened protections in the confidential reviews of child deaths and near deaths. OCA also participated in multiple meetings and legislative drafting for Senate Bill 102, which reorganized non-academic trainings for school personnel, and provided flexibility in hours and years to allow schools to best meet the needs of children and staff. OCA staff spent more than 450 hours drafting and shepherding these bills through the General Assembly.

Priorities for Coming Year

CPAC's Training Committee, with the support of its workgroups, will facilitate forensic interview training for multidisciplinary team (MDT) members and provide county-based training on the Memorandum of Understanding for the Multidisciplinary Response to Child Abuse and Neglect. A de-escalation of life support protocol will also be drafted. In May 2017, CPAC approved the creation of the MDT Case Review Workgroup to revise the current MDT case review protocol, as well as to expand the protocol to encompass serious physical injury and child death cases. Implementation of medical exams statewide for non-acute child victim cases is anticipated.

The CPAC/CDRC Committee on Substance Exposed Infants and Medically Fragile Children is expected to complete its Action Plan goals and support the implementation of a Regional Partnership Grant awarded to Children and Families First to assist in the development of Plans of Safe Care for infants with prenatal substance exposure and their families.

The CPAC Data Utilization Committee plans to transition to online data dashboards to present the system-wide child welfare trends over longer periods. Meanwhile, the CPAC Education Committee, in partnership and support from Casey Family Programs, will continue to make progress with its strategic plan to support the educational success of children in foster care and to provide additional resources to child welfare and educational professionals.

Links to Annual Reports

CPAC Annual Report: <https://courts.delaware.gov/forms/download.aspx?id=100038>

OCA Annual Report: <https://courts.delaware.gov/forms/download.aspx?id=100388>

CJA Annual Report and Grant Application:

https://courts.delaware.gov/childadvocate/docs/2017CJA%20Application%20_Appendices.pdf

Review of Child Deaths and Near Deaths Due to Abuse or Neglect:

https://courts.delaware.gov/childadvocate/cpac/cpac_reports.aspx

Court Improvement Project (CIP)

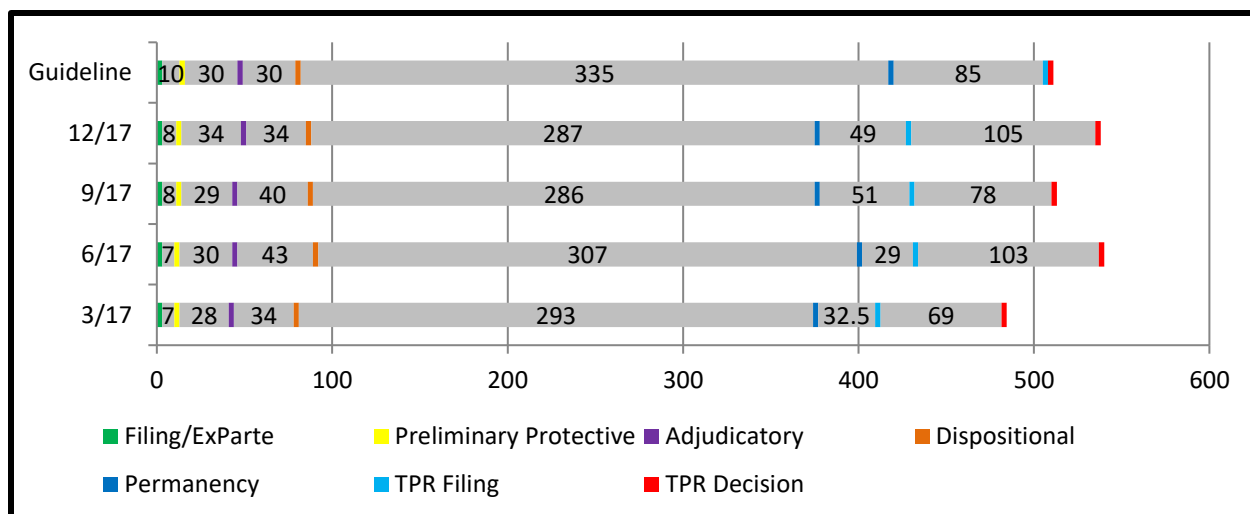
The Court Improvement Program utilizes federal funds from the U.S. Department of Health and Human Services, Administration for Children and Families to ensure collaboration between the state-administered child welfare agency and the Courts to achieve safety, permanency and well-being outcomes for children in the child welfare system. Since 1998, the State of Delaware Family Court has administered the CIP and collaborates with DFS around abuse, neglect and dependency cases. The overall goal of CIP is to strengthen the effectiveness of the decision-making of the Court to achieve the outcomes stated above.

There are three core elements within the CIP that align with the data, basic and training grants. The data grant allows for an opportunity to improve the data sharing amongst Family Court, DFS and other key stakeholders; the training grant exists to increase child welfare expertise among the legal community and among other relevant stakeholders to receive cross-training opportunities and the basic grant allows Family Court to assess their effectiveness in carrying out State laws regarding foster care and adoption proceedings and subsequently, make improvements where appropriate. The State of Delaware Family Court has historically engaged stakeholders in CIP work and will continue to do so in the future.

Outcome Measures, Accomplishments, Barriers and Challenges

The CIP continues to track and report out on a number of key measures related to court improvement work. A CIP Dashboard was refined last year, which tracks parent and youth presence at hearings, hearing timeliness, including hearings that fall inside, and outside of guidelines, and permanency outcome measures. In CY2017, there were several timeliness measures reviewed with the CIP judicial officers and the state agency leadership to inform practice.

The CIP database produces timeliness data that informs our state how we are performing in accordance with Delaware Family Court Rules. CIP recognizes the importance of holding hearings in a timely fashion to avoid any delays with permanency and this will remain an ongoing priority for the program. Focusing on timely permanency outcomes, CIP tracks on a quarterly basis the median number of days from a permanency hearing to a termination of parent rights filing. In CY2017 CIP has made a strategic effort to measure this information and report out on it regularly in both CIP Steering Committee meetings and the Child and Family Services Review Performance Improvement Plan Permanency workgroup meetings. The below chart is CY2017's hearing timeliness medians for cases closed during the quarter.



Delaware's CIP is committed to ongoing tracking and monitoring of its timeliness reporting measures to evaluate trends in permanency outcomes. One of the opportunities that the CIP continues to have is an ongoing collaboration with DFS around permanency outcomes. The CIP and DFS will continue to collaborate in data reviews and case reviews to identify barriers and reasons for timeliness delays with our CIP cases. This was an identified goal for the Court and DFS in prior years and the ongoing challenge is to ensure that our entire system finds opportunities for permanency improvements.

Collaborative Efforts/Projects

Parent Engagement/Representation

As stated last year, a joint pilot Social Services Project was launched with several goals outlined. The main purpose of the project was to determine how earlier and additional support of parents in their case impacted their case trajectory. Through a joint data pilot project intervention with the state agency, we wanted parents to feel more connected to their attorney, feel more educated on the court process and be more willing to engage in services immediately upon entry. Several outcomes evaluated throughout the project include: parent commitment to services within the first several months of entering care, the amount of visitation families experience within the first months of entering care and the extent of which out-of-court team meetings will occur with families within several months of their cases opening. The pilot project will conclude this summer and the project evaluation will begin to determine what lessons were learned.

Visitation Workgroup

One of the goals in the Social Services Project was to focus on improving upon visitation practices for children and their families as the child welfare research demonstrates that frequent visitation can positively impact reunification. This past year Delaware created Visit Host Guidelines for the state through partnership with the state agency, the Office of the Child Advocate, Department of Justice, parent attorneys and provider agencies. Guidelines were developed and issued and the pilot project of utilizing Visit Hosts is in the midst of implementation. The plan is to monitor implementation in the coming year and determine best practices related to Visit Hosts.

Training

CIP continues to ensure child welfare training opportunities for the legal community remain available. There was a statewide convening to discuss how Delaware had implemented the reasonable and prudent parent standard as requested by stakeholders. This training involved a panel of Delaware professionals from Family Court, the Division of Family Services, the Office of the Child Advocate and the Department of Justice. In addition, trainings were secured by outside agencies to inform stakeholders around relevant issues impacting CIP cases including: treatment and services for sexual offenders, best practices with visitation, education and discipline data for youth experiencing foster care, youth engagement in their court proceedings and case planning, and education for foster parents about court proceedings.

CFSR Performance Improvement Plan

Delaware's CIP continues to co-lead the CFSR PIP Permanency workgroup. This past year the group has made recommendations to improve the following practices: 1) proper notification to caregivers to attend court hearings, 2) tracking TPR petition filings, 3) making practice improvements for the state agency permanency planning committee, and 4) reviewing cases that took extended periods of time to achieve permanency. The PIP collaboration will continue throughout the upcoming year.

Education

CPAC's Education Committee finalized and implemented a Comprehensive Education Summary for children experiencing foster care. CIP was an active member of this Education Committee and worked with partners in implementing the Comprehensive Education Summary as part of a court hearing. The Education Summary ensures that all key professionals involved in these cases are aware of the educational well-being of children and that coordination is in place to best meet their needs.

Priorities for the Coming Year

The Social Services Pilot Project will be evaluated and lessons learned documented. The evaluation will inform potential training priorities for the upcoming year and practice improvements. A renewed focus to create parent representation standards will begin in the upcoming year. In addition, ongoing implementation of the Visit Host guidelines will continue and be evaluated in future years.

Delaware will continue to monitor and ensure that quality court hearings are occurring for our CIP cases. Delaware conducted quality hearing surveys last calendar year and modified those surveys for this upcoming year to reflect focused initiatives. Professionals engaged in our CIP hearings will complete quality hearing surveys and provide feedback around specific older youth engagement indicators and visitation practices. This data will then be analyzed, shared with stakeholders and inform future practices.

CIP will maintain ongoing collaboration with DFS to improve permanency outcomes as indicated in the CFSR PIP. The progress of this workgroup is tracked and reported for the duration of Delaware's PIP.

CIP will continue to ensure that relevant child welfare trainings are made available to those stakeholders practicing in our CIP cases. Ongoing stakeholder feedback is solicited through meetings to ensure that training is reflective of the needs of practicing attorneys, judicial officers and stakeholders.

Delaware's CIP will continue to track relevant CIP data, particularly hearing party presence, timeliness data and permanency outcomes. This data is shared with partners at the state agency and referenced to track progress and inform collaborative initiatives.

VI. Program Support

DFS Training FY2018

The Center for Professional Development (CPD) provides training and professional development for DSCYF employees and agency partners who work with children, youth, and families. CPD is housed within the Division of Management Services. CPD is staffed with a complement of seven trainers plus one support staff supervised by a Training Administrator II. There are two coaching supervisors within DFS whose primary responsibilities are to ensure new DFS workers complete pre-service training and required on-the-job experiences.

Goals and Objectives

The goal of training in the Division of Family Services is to develop the necessary knowledge, skills, and attitude needed for workers, supervisors, managers, and contracted partners to competently apply the DFS child welfare practice model. During FY2018, training continued to focus on the following casework practice initiatives grouped together under the banner 'Outcomes Matter:' Structured Decision Making®, Safety Organized Practice, Differential Response, Family Search and Engagement, and Team Decision Making.

CPD's ongoing primary training objectives are:

1. Developing, updating, and modifying the DFS training curricula to embed the values, knowledge, and intervention skills in the practice framework to meet the job responsibilities of DFS staff and to comply with changes in policy, practice, and program areas.
2. Provide competency-based pre-service training; provide in-service training to caseworkers, supervisors, administrators, and contracted in-home service providers that supports best practices and integrated service planning.
3. Implement and sustain practice approaches by teaming with DFS leadership and its partners to develop the skills necessary for workers and supervisors to practice with fidelity.
4. Be an internal partner as members and/or leads of ongoing DFS workgroups, and participants in leadership meetings and other policy and practice committees to assist in defining, planning, and executing training to targeted DFS staff.

Activities Supporting IV-B and IV-E

The following training activities support the CFSP goals and objectives, including training funded by titles IV-B and IV-E.

CPD provides competency-based training to caseworkers, supervisors, and administrators as well as to DFS contracted in-home service providers to promote and support best practices and

integrated service planning. CPD updates the IV-B/IV-E Training Plan yearly adding courses to improve staff competencies. (See Attachment: “Staff Training Chart 2019”)

- *Pre-service training:* CPD provides Instructor Lead Training (ILT) on the skills and knowledge needed by new hires to understand and implement the DFS practice model. Thirteen competency-based pre-service core trainings and one orientation class are delivered to cohorts of newly hired workers in the Office of Children’s Services. CPD trained mentors and experienced staff are paired with new hires to facilitate learning in the field, which includes required on-the-job field experiences. In addition, a graduated caseload assignment is applied, allowing for increased practical application of the knowledge and skills trained. (See Attachment: “Enrollment Summary Reports – Pre-Service Training FY2018”)
- *In-service training:* In FY2018, DSCYF and CPD provided training that continued to support Outcomes Matter initiatives and federal mandates. Online training was offered to DSCYF staff on:
 - “Introduction to Trauma Informed Care” which provided information on child trauma and a trauma informed approach to working with children and families
 - “How to Identify and Report Child Abuse and Neglect in Delaware” which helped mandated reporters understand the law and their reporting requirements
 - “Family Informed Resource Support Team (FIRST) Overview” which provided an overview of the Partnering for Success initiative and how it will benefit families as well as the divisions within DSCYF.
 - “Indian Child Welfare Act” that explained the child welfare provisions and requirements of the ICWA New Rule established in 2016.
 - “Mixing” which provided staff with information on why, when, and how mixing was necessary for adjudicated and non-adjudicated youth.
 - “Psychiatric Meds” which provided staff with increased awareness of the use of psychotropic medication for children nationally and within the Department.
 - “Reasonable and Prudent Parenting Standards for Case Workers” that explained the how caseworkers could handle the important policy changes regarding decisions that foster parents can make on behalf of the foster children in their care.
- Additionally, foster parents were offered online training for “Reasonable and Prudent Parenting Standards” that explains important policy changes regarding decisions that foster parents can make on behalf of the foster children in their care. (See Attachment: “Online Completion Report - In Service Training FY2018”)
- ILT training was provided to DSCYF staff on “Human Trafficking Overview” to provide an overview of sex trafficking in Delaware, information on how to identify victims, and guidance on how to respond effectively. Training was offered to all DSCYF staff on “Family and Youth Engagement” which emphasizes a strength-based approach to partnership with youth and families, drawing from the concepts of motivational interviewing, appreciative inquiry, and safety organized practice. “Introduction to Trauma Informed Care” training was provided to DFS supervisors and administrators at an All Management meeting and offered to all staff in May and June 2018. Refresher training on “SDM Safety Assessment and Safety Planning” occurred May 2018 for DFS frontline caseworkers and supervisors. In May and June 2018, DSCYF supervisors were offered “Trauma Informed Supervision” training designed to provide

direct service supervisors and managers with knowledge, skills and abilities to provide trauma informed supervision to their employees. Additionally, “Safety Organized Practice (SOP) Mentor Training” was offered to DFS frontline caseworkers to support mentoring as a collaborative learning strategy for new staff, with an emphasis on the elements of effective SOP casework practice. (See Attachment: “Enrollment Summary Reports – In-Service Training FY2018”)

- *Statewide Partners:* Our contracted in-home service delivery partners attend new worker training and in-service with state employees. Two contracted providers attended the new employee training series since 7/1/2017.

Data and Statistics

During FY2018, training records indicate that 36 DFS new workers and 2 contracted providers attended pre-service training. Training records indicate 100% satisfactory completions for DFS new workers for all pre-service training within the first four to six months, with supervisors being the control for ensuring their staff completes training. The FY2018 DFS New Worker training chart lists the courses offered and the number of sessions for each course. (See Attachment: “DFS New Worker Training FY2018”)

In July 2015, CPD began using a new learning management system platform, the Delaware Learning Center (DLC). One benefit of the DLC is the automation of the evaluation process. Evaluations are attached to all CPD courses in the DLC and are available following completion of the course. The evaluations were made required in FY2018.

The course evaluations in the DLC rate course content, understanding, and relevance to job responsibilities. Rating categories include a Likert Scale of Excellent, Very Good, Good, Fair, or Poor. Also included in the evaluations are open-ended questions under each of the categories requesting ideas on improving that area. The raw survey data indicates the rating from participants observed in the greatest frequency across the 14 DFS pre-service trainings falls into the “very good” range. (See Attachment: “Evaluation Reports - Pre-Service Training FY2018”) Additionally, the raw survey data observed in the greatest frequency from participants completing in-service training also falls into the “very good” range. (See Attachment: “Evaluation Reports - In-Service Training FY2018”)

In June 2016, CPD added online DFS New Employee Midpoint and System Evaluations to the DLC. The Midpoint Evaluation is assigned to new caseworkers at the end of the 2nd month of training and includes a follow-up Quality Check-In meeting between CPD and the new hires. The System Evaluation is assigned to new caseworkers upon completion of the New Hire Curriculum (4th month). These evaluations allow CPD to collect data about the entire experience of new hire training, mentor engagement, supervisory support, and functional responsibilities. The Quality Check-In meeting reinforces the use of the SOP Three Questions (What are we worried about? What is working well? What needs to happen next?) to further discuss the new hires’ experiences to date. By meeting at the midpoint of new hire training, CPD is able to address issues in a timely manner and to reverse any negative trends. CPD provides the supervisors and administrators with updates on trends and information gathered from the Midpoint and System Evaluations, as well as the Quality Check-In meetings.

Data collected from the Midpoint Evaluations for FY2018 indicates that 86.8% of respondents agree that they were using what they learned in training on the job. Sixty-five point seven percent reported that they applied learning within a week after training and 17% reported that they applied learning within 2 weeks after training. Seventy-eight point nine percent of respondents agreed that the skills they learned in training were important for the successful performance of their job functions. (See Attachment: “DFS Midpoint Evaluations FY2018”)

All new caseworkers continue to shadow experienced staff and are assigned mentors in the field in areas associated with training content and job responsibilities.

The DFS New Employee System Evaluation employs qualitative and quantitative elements designed to gather the perceptions and experiences of new workers at the conclusion of their new worker training program. Using Likert Scales of agreement, it directed the respondents to indicate their satisfaction with classroom training, supervision, mentoring, shadowing/on the job training and the overall workplace environment. The following table indicates some key data collected for FY2018. (See Attachment: “DFS System Evaluations FY2018”)

DFS New Employee System Evaluation Responses FY2018 (N=27)

Class Room Training Questions	1 Poor	2 Fair	3 Good	4 Very Good	5 Excellent
Content was appropriate to orient me to the job	4%	4%	15%	44%	33%
Training reflected policy and best practice	0%	4%	11%	56%	30%
Training prepared me to begin doing my job	0%	15%	12%	50%	23%
Supervision Questions					
Supervision proved me adequate direction	0%	0%	11%	59%	30%
Supervision supported classroom training	0%	4%	19%	48%	30%
Supervision provided me regular feedback about my job performance	0%	4%	15%	56%	26%
Mentoring Questions					
Mentoring provided enough shadowing opportunities to orient me to the job	0%	12%	19%	35%	35%
Mentors gave me useful performance feedback	0%	4%	27%	38%	31%
Mentoring prepared me to do my job	0%	12%	28%	24%	36%
Shadowing Experiences/On-the-Job Training					
Shadowing activities were sequenced well to help orient me to the job	0%	12%	31%	38%	19%
Shadowing helped me learn my job more effectively	0%	4%	23%	46%	27%
Shadowing experienced workers helped prepare me to do my job competently	9%	4%	26%	35%	26%

In addition to the training indicated above in “Activities Supporting IV-B and IV-E,” In-Service training was offered to DSCYF staff on:

- “Promoting Diversity, Respect, and Harassment Free Workplace” – to review diversity and respect in a broader perspective and to discuss the various categories of harassment.
- “Maintaining Professional Boundaries” – that explains the importance of establishing and maintaining professional boundaries with clients, consumer, families, and others served by DSCYF.
- “Root Cause Analysis and Corrective Action” – which provided participants with process investigative tools to facilitate a team’s analysis of a process failure from apparent symptoms to underlying base causes(s).
- “Resilience: The Biology of Stress & the Science of Hope” – which included a screening of the titled film, followed by a discussion about the science behind the impact of childhood trauma on development and health.
- “Run, Hide, Fight – Surviving an Active Shooter Event” – online training that informed staff of actions to survive an active shooter event.

- “Sexual Harassment Prevention” – online training which provided details of the legal definition and different types of sexual harassment, in addition to the federal guidelines and State policy. (See Attachments: “Enrollment Summary Reports – In-Service Training FY2018” and “Online Completion Report – In-Service Training FY2018”)

Outcomes and Measures

Indicators that training outcomes are met include:

1. Ongoing curriculum reviews to ensure training maintains focus on the outcomes of safety, permanency, and well-being for children and the knowledge and skills pertaining to the Outcomes Matter practice framework.
2. Caseworkers who can demonstrate understanding and an emerging ability with OM practices and tools as observed in training, indicated by self-reports, and from supervisor and mentor feedback during and after training.
3. Providers are being trained along with DFS staff as indicated by attendance records and trainer reports.
4. Reported employee satisfaction on training evaluations and retention of casework staff as reported by DFS leadership.
5. CPD participation in workgroups and in senior leadership meetings.

Barriers and Challenges

FY2018 is another year of transition for CPD, particularly with further refining our knowledge of the DLC, the development of eLearning courses through Articulate, FOCUS training needs, the development of child welfare specific supervisor training, delays filling a Training Administrator position, attrition of the Administrative Assistant, and the unexpected leave of the unit supervisor. CPD continues to develop administrative expertise in the DLC and DFS staff continue to learn the user functions. CPD has 3 Articulate Storyline licenses to develop eLearning content for staff, with one license assigned to the absent unit supervisor who has the most extensive experience.

FOCUS training included the development of curriculum, the procurement of resources (rooms, computers, subject matter experts, etc.), Train the Trainer (TTT) training for CPD staff and subject matter experts (SME), scheduling classes for all 4 divisions, and CPD maintenance/preparation of the Training Environment (activation/deactivation of User IDs, cloning, manual advancement of cases, distribution of User IDs/case numbers to SME trainers, updating training case records, and troubleshooting end user training through log-in resets and user activations). Over 25 CPD staff, contracted providers, and DFS caseworkers/supervisors received TTT training in August as subject matter experts in FOCUS. Forty-one DFS FOCUS end-user classes were facilitated between Sept 2017 and February 2018, many as multi-day sessions, providing training for over 350 DFS, contracted provider, and DOJ staff.

The Training Administrator position (vacated through retirement in March 2017) was reclassified into a Trainer/Educator III position, and was filled in December 2017. The Administrative Assistant position (vacated in September 2017) was reclassified to a Casual/Seasonal position, and filled February 2018. The new Trainer/Educator and Administrative Assistant have required comprehensive one-on-one training within CPD to prepare them for their duties.

Priorities for the Coming Year

CPD plans to continue to develop expertise in eLearning functionality to allow for online training opportunities that staff can access on their computers, smartphones, tablets, and iPads, allowing more flexibility of course completion and eliminating travel time.

CPD will participate in a workgroup with DFS to assess and modify the New Employee Training curriculum. CPD will continue to assist DFS with updating FOCUS materials and scheduling FOCUS training for new hires or, as needed, for existing staff. CPD and DFS will begin the analysis of the ongoing FOCUS training needs for existing and new DFS staff. Additionally, CPD and DFS are developing child welfare specific supervisor training curriculum to complete CFRS PIP activities; 6 training modules are tentatively scheduled August to December 2018.

The implementation of learning circles for supervisors, the launch of which is to be determined by DFS, is another opportunity for ongoing professional development; including critical thinking, coaching, and solution-focused interaction and support for supervisors. When DFS moves ahead with a coaching structure and supervisory learning circles, CPD will provide continued support with a focus on assisting DFS and DSCYF on sustaining movement in the implementation and utilization of all the Outcomes Matter practices, while assuring fidelity.

Office of Evidence-Based Practice

Psychologists from the OEBP attend framework group supervision sessions in each region monthly to provide clinical case consultation and participate in administrative Review Evaluate Decide (RED) teams. OEBP staff support foster care programming efforts to develop programs in the community to meet the needs of youth in foster care with mental health and behavioral health challenges. In an effort to help with the training needs of new and current workers, two trainings are now offered on DLC. One training is an introduction to psychotropic medications and there is another series on Trauma-Informed Care. These trainings help provide new and current workers an understanding of the increasing complex mental health and behavioral needs of youth served by the department. In addition, OEBP staff continue provide consultation on both on the case level and a system level division and department wide to support permanency and stabilization of placements. Staff psychologists serve on the Permanency Planning Committee, Placement Resource Team, Department Psychotropic Medication Committee, and Trauma-Informed Care Committee workgroups to assist with these efforts. Objectives include serving youth with evidence-based practices in their communities and reducing the reliance on residential care and overreliance on psychotropic medications to stabilize youth behavior. As part of this work, staff psychologists communicate with residential facilities and caseworkers to ensure that transition to home services are planned early in placement and that discharge to a home setting occurs as soon as the youth is stable enough to continue community-based therapy. OEBP clinical staff also provide support to CQI efforts within the division and across the department and serve on a number of cross agency committees to improve Delaware's efforts to improve service delivery to youth and families. For example, the Intellectual or Developmental Disability and Mental Health Needs Workgroup is an interagency group working toward developing a strategic plan for this special population.

Technical Assistance, Capacity Building, Infrastructure Support

DSCYF continues the contract with Deloitte Digital to implement FOCUS, the Department's information management system. FOCUS was activated February 6, 2018. Additional functionality improvements and corrections are on-going. The state implemented an enterprise level learning management system, DE Learning Center, on July 1, 2015. These system improvements strengthen the foundation for data informed practice changes and professional development. A subgroup of the continuous quality improvement (CQI) system CFSR PIP workgroup completed the CQI Academy Web-based technical assistance sponsored by the Capacity Building Center for States. Based on Academy learnings, the team is drafting a CQI Plan for DFS. DE reserves the option to seek additional live assistance from the Center for States. See Section XIV Training Plan for updates on staff training.

Delaware is evaluating child welfare workload in collaboration with Delaware State University. Caseworker time study surveys are conducted for a month ending July 11, 2018 to gather case management activities; a report is expected September 2018. Delaware seeks to review the current caseload standards of 11 investigations and 18 treatment cases per worker.

VII. Consultation and Coordination Between States and Tribes

An invitation letter to the annual CFSP stakeholder meeting held March 26, 2018 was sent to Chief Carmine, Nanticoke Indian Association, March 14, 2018. The agreement with the prior Chief was to assist the agency with foster home recruitment and placement should an Indian child enter state custody. All APSR submissions are available to the Nanticoke Indian Association via the agency's web page upon final approval. Family Services continues to send written invitation asking the Nanticoke Indian Association Chief to join strategic planning sessions. FOCUS documents DFS' responsibility to determine ICWA eligibility and case activities that can be queried for building monitoring reports. Per DFS policy, services and protections include operation of a case review system for children in foster care, a preplacement preventive services program for children at risk of entering foster care to remain safely with their families, and a service program for children in foster care to facilitate reunification with their families, when safe and appropriate, or to place a child in an adoptive home, legal guardianship or other planned, permanent living arrangement. Family Court monitors individual case proceedings for ICWA eligibility and case activity per ICWA and the 2016 ICWA Final Rule (25 CFR Part 23). DFS has no Indian children in foster care. There are no planned changes in policy, procedure or statute. ICWA training is mandatory for new caseworkers and is available on the Delaware Learning Center.

VIII. Monthly Caseworker Visit Formula Grants

Delaware's automated case management system supports monitoring and reporting of caseworker contacts per ACYF-CB-PI 12-01. Adjustments to the reportable population were made to comply with FFY2012 changes to report the total number of visits that would occur if each child were visited once every month while in care and visits occurring in the child's residence. PI 12-01 also set a 95% standard for monthly caseworker contacts effective FFY2015. For FFY2017, Delaware's performance for Measure 1: Percent of Visits Made Monthly is 84.2%. For Measure 2: Percent of Visits in the Child's Residence is 78.92%. Supporting these scores, Delaware has policy on foster child visits cited in Placement Chapter, Section G of the DFS User Manual that states that children in out of home placements must be visited monthly. Several factors impact the below standard performance such as high investigation caseloads, high workload in treatment cases, staff turnover and FOCUS implementation. A workload study is in progress to inform appropriate

staffing levels to successfully complete casework expectations, including monthly contacts with foster children. The Governor's Recommended Budget includes 30 new positions for DFS. In January 2008, a standardized reporting format was issued for foster care contacts for these factors: time, location, purpose, issued discussed, participants, safety and next steps. This format was distributed to DFS caseworkers and purchased care agencies. FOCUS has a specific monthly foster care contact record. This record allows workers to enter specific information regarding their monthly foster care contact including where the contact was made. Supervisors can track monthly foster care contacts to ensure that children are seen monthly and that the majority of contacts are made in the child's place of residence. Caseworker visit grant funds are applied to contracted foster care services using a methodology targeting caseworker visit costs.

Delaware will report foster care contacts for FFY2018 by December 17, 2018.

IX. Adoption and Legal Guardianship Incentive Payments

Currently DE does not have a Guardianship Assistance program (GAP) and received no Guardianship Rate Incentive Payments for subsidized guardianships for FFY2018. DE received \$10,000 adoption incentive funds for FFY2015. Expenditures to date include training, technology supporting adoption programming and additional direct services. DE will spend all FFY2015 incentive funds by September 30, 2018. DE received \$15,000 adoption incentive funds for FFY 2016 that remain unencumbered to date. There are no known barriers to expending funds before expiration dates.

X. Child Welfare Waiver Demonstration Activities

Delaware does not have a child welfare waiver demonstration project or activities to report.

XI. Quality Assurance System

DE sampled 95 investigation cases during CY2017. Individual case review results are shared with the specific supervisors/staff and, the quarterly performance reports are addressed by the investigation program manager at regularly scheduled workgroups. Refer to Section II, Update of Assessment of Performance for review of case review finding.

The Quality Assurance System was determined to be an area needing improvement by the 2015 CFSR. Delaware adopted the federal OSRI as the quality assurance review tool. Interviews with key case participants and stakeholders as well as a second level quality assurance review are a part of the review process. Delaware is also in the process of establishing a Quality Assurance team to conduct these reviews. DE had originally assigned the first cases using the federal OSRI in June 2017. Due to a number of issues, this process was halted; improvements made, and restarted April 2018. This CFSR PIP activity is a first step towards establishing a continuous quality improvement system with components and dynamics consistent with federal standards. Results of these case reviews have not been available for review as of yet. It will take at least 6 months to reach the number of applicable cases to complete the first report for required PIP measures. A small committee of the CFSR PIP CQI workgroup took the CQI Academy as a preface to drafting a CQI system plan. That draft is under construction. DFS is accessing its need for additional technical assistance from the Capacity Building Center for States to build upon the current continuous improvement efforts to systematically evaluate, plan, implement and re-evaluate practice using a data-informed model. DFS continues its partnership with Administration for Children and

Families, Region III and the national CFSR team to monitor and strengthen the Quality Assurance System.

XII. Child Abuse Prevention and Treatment Act State Plan Requirements and Update

1. Requirement: Describe substantive changes, if any, to state law or regulations, including laws and regulations relating to the prevention of child abuse and neglect, that could affect the state's eligibility for the CAPTA state grant (section 106(b)(1)(C)(i) of CAPTA). The State must also include an explanation from the State Attorney General as to why the change would, or would not, affect eligibility.

Update: Since the last CAPTA plan and update, there were no substantive changes to state law or regulations relating to the prevention of child abuse and neglect that could affect the state's eligibility for the CAPTA state grant.

2. Requirement: Describe any significant changes from the state's previously approved CAPTA plan in how the state proposes to use funds to support the 14 program areas enumerated in section 106(a) of CAPTA. (See section 106(b)(1)(C)(ii) of CAPTA).

Update: No significant changes are proposed to Delaware's approved CAPTA plan.

3. Requirement: Describe how CAPTA state grant funds were used, alone or in combination with other federal funds, in support of the state's approved CAPTA plan to meet the purposes of the program since the state submitted its last update on June 30, 2016 (section 108(e) of CAPTA).

Update: CAPTA funds supported the following program areas during FFY2017 -

- *CAPTA, Section 106.a.1. the intake, assessment, screening, and investigation of reports of child abuse or neglect*

Two 0.50 FTE Institutional Abuse (IA) Investigators investigate statewide allegations of child abuse in licensed and state run childcare facilities. (See Attachment: Institutional Abuse Statistics January 2017 – December 2017)

- *CAPTA, Section 106.13.B.to address the health needs, including mental health needs, of children identified as victims of child abuse or neglect, including supporting prompt, comprehensive health and developmental evaluations for children who are the subject of substantiated child maltreatment reports*

DFS contracts with A.I. DuPont Hospital for Children for expedited medical examinations to determine child abuse or neglect. This contract also provides for the services of a social worker to manage DFS cases and assist DFS caseworkers. (See Attachment: A. I. DuPont Hospital for Children – Emergency Department, Division of Family Services, January – December 2017 Statistics)

- *CAPTA, Section 106.7. improving the skills, qualifications, and availability of individuals providing services to children and families, and the supervisors of such individuals,*

through the child protection system, including improvements in the recruitment and retention of caseworkers;

The Program Manager for Intake and Investigation will join the Child Abuse and Neglect (CAN) Panel Director, Rosalie Morales, at the 17th National Citizen Review Panel Conference in Mackinac Island, Michigan on June 5-7, 2018 to do a panel presentation called “Developing Best Practice Protocols for the MDT Response to Child Abuse Cases.” The Panel will discuss the memorandum of understanding established for the multidisciplinary team response to suspected child abuse cases and the six best practice protocols for a multidisciplinary response in the following types of cases: Physical Injury to a Child, Serious Physical Injury to a Child, Child Death, Child Sexual Abuse, Child Neglect, and Juvenile Trafficking.

4. Requirement: Submit a copy of the annual report(s) from the citizen review panels and a copy of the state agency's most recent response(s) to the panels and state and local child protective services agencies, as required by section 106(c)(6) of CAPTA.

Update: Child Protection Accountability Commission serves as Delaware’s Citizen Review Panel. CPAC’s SFY2017 report is located online at <https://courts.delaware.gov/forms/download.aspx?id=100038>.

5. Requirement: Provide an update on the state’s continued efforts to support and address the needs of infants born and identified as being affected by substance abuse or withdrawal symptoms resulting from prenatal drug exposure, or a Fetal Alcohol Spectrum Disorder (see section 106(b)(2)(B)(ii) – (iii) of CAPTA, as amended by the Comprehensive Addiction and Recovery Act [CARA]).
 - Provide information on any changes made to implementation and/or lessons learned from implementation:

Update: Legislation (HB 140) was introduced in April 2017 to codify hospital reporting of substance exposed infants and Fetal Alcohol Syndrome Disorder (FASD) children to DFS and the development of a Plan of Safe Care prior to discharge of the infant. The Governor signed this legislation (HB 140) June 7, 2018.

The CPAC Substance-Exposed Infants (SEI) Sub-committee developed and approved a Plan of Safe Care template and Plan of Safe Care Family Assessment template in September 2017 to comply with the changes made to CAPTA after the passing of CARA. All six birthing hospitals in Delaware are mandatory reporters and made reports during CY2017. DFS statewide administrators attend routine hospital meetings with five of the six birthing hospitals and intend to initiate a hospital meeting with the sixth birthing hospital in CY2018.

In October 2017, DFS began a Plan of Safe Care Substance Exposed Infant pilot program with the introduction of one designated SEI worker in Kent County and one designated SEI worker in Sussex County, both of which are co-located in the birthing hospitals. The POSC

SEI Pilot expanded to two workers in Kent County and two workers in Sussex County and is in the process of expanding to New Castle County by June 2018. The SEI workers are responsible for responding to all screened in cases regarding a substance exposed infant and become the POSC Coordinator. The POSC Coordinator is responsible for the development, implementation, coordination, and monitoring of the POSC to include referrals and service delivery. Training was conducted for the four SEI workers and will expand to include additional statewide staff.

The Intake and Investigation Program Manager developed a Plan of Safe Care Coordinator pathway as well as policy and procedure on the development, coordination, and monitoring of the Plan of Safe Care. The Investigation Coordinator is currently developing an implementation guide to address implementation across several systems (i.e. birthing hospital, DFS, substance use disorder treatment center).

In the fall of 2017, a RFP was issued for a Plan of Safe Care Coordinator program to address the needs of infants born and identified as affected by marijuana. In March 2018, an agency was awarded a contract and is expected to begin service July 2018.

The Investigation Coordinator maintains a SEI Database that collects several elements of data through the use of data sharing and access to DFS' information system, FOCUS. The Investigation Coordinator distributes a year in review on Delaware's substance exposed infants and tracks this data since 2015. In June 2018, the Investigation Coordinator will begin to produce quarterly monitoring data (See Attachments: Delaware SEI's 2017 Year in Review and SEI Database Data Elements).

- Provide an update on any multi-disciplinary outreach, consultation or coordination the state has taken to support implementation (e.g., among the state CPS agency, the state Substance Abuse Treatment Authority, hospitals, health care professionals, home visiting programs and Public Health or Maternal and Child Health Programs):

Update: The CPAC Substance-Exposed Infants Sub-committee was developed as an extension of the group that was primarily comprised of hospital staff that previously existed to discuss the needs of substance exposed infants. The CPAC SEI Sub-committee has expanded that work and is co-chaired by Jennifer Donahue, the Investigation Coordinator for the state, and Dr. Allan DeJong, M.D., of Nemours Alfred I. duPont Hospital for Children, and is comprised of members of the medical community, DFS, OCA, DOE, DSAMH and their contracted providers, CDRC, Children & Families First, DOJ, DHSS, and the March of Dimes. After the CPAC/CDRC approved its 2016-2017 Action Plan, the committee was tasked with developing a template for the required CAPTA plan of safe care and identifying the responsible agencies for initiating and monitoring the plan of safe care. The committee meets every other month, and the meeting minutes can be available upon request. The DFS Director and DFS Intake and Investigation Program Manager are members of this CPAC sub-committee.

In October 2017, DFS began a Plan of Safe Care Substance Exposed Infant (SEI) Pilot program. As a result of this implementation, bi-monthly workgroup meetings are held to

discuss the implementation successes, challenges, and next steps moving forward and consist of the birthing hospitals, DFS, and the Investigation Coordinator.

On July 12, 2016, the former DFS Director, with the technical assistance of the Casey Family Programs, invited the DHSS Divisions of Public Health and Substance Abuse and Mental Health to begin meetings to plan how to serve families with substance abuse better through a multi-agency approach. The Committee named itself the Multisystem Healthy Action Committee (MSHAC). DFS administrators, supervisors, and caseworkers continue to attend MSHAC. In New Castle County, meetings occurred May 1, 2017, November 8, 2017, February 13, 2018, and May 5, 2018. In Kent County, meetings occurred May 2, 2017, June 27, 2017, September 12, 2017, March 15, 2018, and May 29, 2018. In Sussex County, meetings occurred May 9, 2017, June 28, 2017, August 8, 2017, September 18, 2017, November 14, 2017, January 11, 2018, February 22, 2018, April 11, 2018, and June 14, 2018. The meeting minutes can be available upon request. The Intake and Investigation Program Manager and the Treatment Program Manager attend these meetings.

In FY2016, the CPAC SEI Sub-committee submitted an application for in-depth technical assistance for substance exposed infants through the National Center on Substance Abuse and Child Welfare, which Delaware was awarded in November of 2016. The IDTA consists of site visits to meet the state's goals. One of the SEI IDTA state goals for 2018 is to explore substance use treatment service statewide and their role in the coordination and oversight of the POSC. The NCSACW made site visits on May 21-22, 2018, focusing on the oversight of the POSC by medication assisted treatment providers.

- Provide a brief update on the state's monitoring of plans of safe care to determine whether and in what manner local entities are providing referrals to and delivery of appropriate services for substance-exposed infants and affected family members and caregivers:

Update: DFS provides the Investigation Coordinator a weekly data report to include all reports where there is a notification involving a substance exposed infant, and the Investigation Coordinator tracks several elements of data in a SEI database. Through data sharing and access to DFS' information system, FOCUS, the SEI database is able to track referrals made on behalf of the infant, mother, and/or father/secondary caregiver as well as if there was engagement with that service. The Investigation Coordinator distributes quarterly and annual reviews on Delaware substance exposed infant data. When the contract targeting infants born and identified as affected by marijuana begins, the contracted agency is required to provide measures of referral and successful engagement. DFS's new information system, FOCUS, also allows for some enhancements and tracking of outcome measures such as subsequent reports, subsequent substantiation, and subsequent substance exposed infants. The Governor signed HB 140 into law June 7, 2018; the legislation codifies CAPTA CARA and requires some oversight of the plans of safe care by the substance use disorder treatment center for those compliant mothers. Upon passing of this legislation, a Memorandum of Understanding is being considered to further monitor referrals and service delivery. In addition to the above efforts, DFS is moving to incorporate SEI cases into DFS' CQI system.

- Describe any technical assistance needs the state has determined are needed to receive to support effective implementation of these provisions.

Update: In FY2016, the CPAC SEI Sub-committee submitted an application for in-depth technical assistance for substance exposed infants through the National Center on Substance Abuse and Child Welfare. In November 2016, Delaware was awarded the SEI IDTA which will provide assistance over two years to help Delaware develop strategies to combat the nationwide opioid epidemic. The core group has created a four point statewide action plan that is designed to recommend universal screening of pregnant women for early identification of substance use so that women and their families may be linked to appropriate services, including treatment, prenatal care, home visiting and other supports as needed; build a system of care and provide educational resources so that medical providers, including obstetricians/gynecologists, birth hospitals, treatment providers and social services agencies have the tools they need to help pregnant women in the prevention, recognition, and treatment of substance use disorders and related services for affected children and families; implement a universal statewide protocol for the preparation and monitoring of Plans of Safe Care for infants with prenatal exposure and their affected families; and maintain an awareness of the effects of stigma in discouraging pregnant women from treatment or prenatal care, as well as the importance of non-judgmental medical provider support so that women feel safe in discussing substance use or abuse. NCSACW has conducted 3 site visits in 2017 and 2018. In addition to scheduled site visits, monthly SEI IDTA core team calls include the DFS Director and DFS Intake and Investigation Program Manager.

With the FFY2019 CAPTA grant increase, DFS will allocate funds to support POSC development, implementation or monitoring. This could be contractual direct service, information technology enhancements, supplies or other expenditures to be determined.

6. Requirement: Provide an update on the steps the state has taken to address the amendments to CAPTA by the Justice for Victims of Trafficking Act of 2015 since submission of the 2017 APSR and CAPTA Annual Report

Update: Statewide DFS staff attended the Trafficking Service Providers Collaboration Day held by the Region 3 Federal Interagency Anti-Trafficking Task Force on January 10, 2018. DFS Director Trenee Parker joined a panel discussion highlighting the work done by DFS around human trafficking. The conference was widely attended by the Children's Department, the Federal Bureau of Investigation, Homeland Security Investigations, local law enforcement agencies, Department of Justice, Office of Child Advocate, local hospitals, Department of Transportation, various Victim Services agencies, Victims' Compensation Assistance Program, the Beau Biden Foundation, and various service providers throughout the state. The collaboration day offered networking, information sharing among various systems working to combat human trafficking, resources, and a message that trafficking exists in Delaware, and it takes many systems to join together to combat human trafficking in Delaware. Director Parker represents the Department on the legislatively mandated Human Trafficking Interagency Coordinating Council.

Delaware House Bill 181, signed by the Governor in August 2017, amended Title 16 of the Delaware Code relating to responses to child abuse and neglect requiring DFS to conduct an investigation on a multidisciplinary case that involves human trafficking of a child. As a result, DFS has implemented an internal working group to develop policy and practice and will continue to do so in the next reporting period as well as modify the Structured Decision Making® screening assessment tool to include human trafficking as a maltreatment type. DFS policy continues to be in place designed to help identify and report suspected human trafficking and offer treatment services to youth who are victims of human trafficking and commercial sexual exploitation.

The Department's new information system, FOCUS, has a sex trafficking indicator on the intake record as well as a sex trafficking indicator on the investigation supervisor's case disposition which will better enable DFS to count suspected and confirmed sex trafficking.

DFS investigation supervisors estimate 5-10 trafficking cases over the past year. DELJIS maintains criminal justice statistics; DFS requested the numbers of convictions for CY2017 involving victims under age 18 and offenders over age 18 for the following offenses that correlate with sex and labor trafficking:

- DE 11 0787 00b1 F C Trafficking an Individual
- DE 11 0787 00b1 F B Trafficking an Individual - Individual is Minor
- DE 11 0787 00b2 F C Human Trafficking - Forced Labor
- DE 11 0787 00b2 F B Human Trafficking Minor - Forced Labor
- DE 11 0787 00b3 F C Human Trafficking - Sexual Servitude
- DE 11 0787 00b3 F B Human Trafficking Minor - Sexual Servitude
- DE 11 0787 00b5 F A Trafficking of Persons for Use of Body Parts

Statute	Description	Convictions	Arrests
DE11078700b1 FB	TRAFFICKING AN INDIVIDUAL – INDIVIDUAL IS MINOR	2	7
DE110700b2FB	HUMAN TRAFFICKING MINOR – FORCED LABOR	0	0
DE11078700B3 FC	HUMAN TRAFFICKING MINOR – SEXUAL SERVITUDE	1	7
DE11078700b5 FA	TRAFFICKING OF PERSONS FOR USE OF BODY PARTS	0	0

In addition to trafficking convictions, convictions were requested for Dealing in Children and Sexual Extortion of a Minor under age 18. The conviction counts for 2017 are:

Statute	Description	Convictions	Arrests
DE110778A0b1 FF	SEXUAL ABUSE OF A CHILD BY A PERSON OF TRUST 2ND DEGREE	0	5
DE110778000aF A	SEXUAL ABUSE OF A CHILD BY A PERSON OF TRUST 1ST DEGREE	5	19
DE110778000aF B	CONTINUOUS SEXUAL ABUSE OF A CHILD	0	3
DE110778000b FB	SEXUAL ABUSE OF A CHILD BY A PERSON OF TRUST 1ST DEGREE	0	18
DE1107740005 FE	SEXUAL EXTORTION - EXPOSE A SECRET OR PUBLICIZE AN ASSERTED FACT	0	0

DFS cannot confirm whether any of these convictions were actually due to sex trafficking. The small number of civil cases and confirmed convictions indicates Delaware should continue to train first responders about screening for sex trafficking.

The CAN Best Practices Subcommittee of CPAC continued to meet during 2016 through February 2017 on the fourth revision of the MOU with the DSCYF, Delaware law enforcement agencies, DOJ, and CAC. In 2017, the workgroup finalized the revisions to the MOU and established six best practice protocols for the following types of cases: physical injury to a child, serious physical injury to a child, child death, child sexual abuse, child neglect, and juvenile trafficking. General youth indicators of trafficking, a Juvenile Pre-Assessment Tool, and a Juvenile Trafficking Protocol were developed added to the MOU. Delaware House Bill 181 codified best practices for a multidisciplinary response to investigations of child abuse and neglect, including human trafficking.

- Requirement: To facilitate ongoing communication between CB and states on issues relating to CAPTA and child abuse and neglect, please submit the name, address, and email for the state CAPTA coordinator (also known as the State Liaison Officer) or where this information can be found on the state's website.

The State Liaison Officer and contact information:

Colleen E. Woodall, MSW

Intake and Investigation Program Manager

1825 Faulkland Road, Wilmington DE 19805

Colleen.Woodall@state.de.us

302-633-2663

Delaware's Annual Progress and Services Report contains CAPTA provisions and are accessible at this web address: http://kids.delaware.gov/fs/fs_cfs_review_plan.shtml

Annual Reports are posted upon Administration for Children and Families' approval.

XIII. Chafee Foster Care Independence Program (CFCIP)

Program description, accomplishments and planned activities are referenced in the Chafee Foster Care Independent Living Program grant application in Section XVIII. Program supports for CFCIP are FOCUS trainings for caseworkers and contracted service providers. Another program support is training for caseworkers working with LGBTQ (Lesbian, Gay, Bisexual, Transgender and Questioning) youth and trafficking victims occurring in this reporting period.

National Youth in Transition Database (NYTD)

Delaware has done well in ensuring compliance with the provisions of NYTD having achieved full compliance every reporting period. The methods utilized to acquire the data regarding services and NYTD surveys are effective. Contracted independent living caseworkers, DFS caseworkers and state office staff share the responsibility to complete information system tasks to record NYTD elements. Internal data reports based on NYTD elements inform independent living program budgeting, CFSP measurements and collaborative housing strategies. Staffing vacancy and FOCUS implementation suspended internal reporting but will resume later in 2018. Delaware looks forward to the NYTD Review. Youth and other stakeholders will be informed of the NYTD Review through meetings and email messages once dates are set. DE expects to be in the last cohort of states to be reviewed.

Collaboration with Youth and Other Programs

The Youth Advisory Council is the voice of foster youth in Delaware. Youth gather monthly in a central location to provide input into youth oriented legislation, independent living programming development, Council activities and recreation. During the May 2017 YAC meeting, youth provided input on the agency's strategic planning by identifying strengths and worries about agency and community programming for foster youth. Their comments are noted in Section I, General Information and Collaboration. DFS collaborates with a variety of community partners on behalf of foster youth including contracted community based service agencies, state and local housing authorities, Delaware State University, Family Court, DMMA, PSSF, DSS, Jobs for Delaware Graduates, Department of Labor, Workforce Investment Board, DOE, and Vocational Rehabilitation Programs.

Consultation With Tribes

The Nanticoke Indian Association Chief is invited to review the coordinated plan, received a mailed copy, and has access via the DSCYF website. The Independent Living Program (ILP) is included in this review. DFS has not negotiated an agreement to administer or supervise CFCIP or Education and Training Voucher programs. The program support administrator met with the prior Chief of the Nanticoke Tribe and has shared information and encouraged coordination with the tribe. DFS mailed an invitation to the new Chief to join in coordinated planning prior to the annual stakeholder meeting held March 26, 2018. There are no Indian youth in foster care. The array of independent living services is available to all foster youth including those with Indian heritage.

Education and Training Voucher (ETV) Program

In FY2017, the Child Placement Review Board (CPRB) was defunded by the legislature. This led to the removal of the Davis scholarship fund. Consequently, the ETV program is the only scholarship program specifically available to aging out foster youth. DE anticipates a steady number of youth served by ETV with smaller annual awards. Award decisions are tailor made to address the unique needs and living situations of the students. Efforts are made to remove as many barriers as possible to ensure everyone who is eligible for these funds has access to them. These efforts include streamlining the application forms, on-line access to applications, one on one assistance with completion, and working with all applicants (even the struggling student) to achieve at least a certification so at a minimum youth achieve a level of training that will allow them to earn a living wage.

Youth are educated regarding their eligibility for ETV at their transition and exit planning meetings. Young adults that remain in state and those who move out of state are eligible for a monthly stipend. Those youth receiving the stipend and living out of state receive information and reminders regarding their eligibility for ETV. Thirty-three (33) young adults received ETV funds during school year 2017/2018; 16 were new applicants. (See Attachment: Annual Reporting of Education and Training Vouchers Awarded - Federal Attachment E)

XIV. Updates to Targeted Plans Within the 2015-2019 CFSP

Foster and Adoptive Parent Diligent Recruitment Plan

The DFS foster care recruitment plan is updated quarterly with progress information and annually for overall goals and objectives. The plan continues to guide recruitment activities for foster parents statewide. The recruitment plan targets these populations: medically fragile including drug exposed infants, sibling groups, teens, children with intensive needs and children returning from out of state facilities. Goals include increasing the capacity of foster homes, improving sibling placements and increasing retention of foster families. The Division has a contracted statewide recruiter who helped with the implementation and reporting for the recruitment plan. The recruiter as the lead on all recruitment efforts, worked by local foster care coordinators, PCAD trainers and the foster care administrator. Activities include tracking foster parent inquiries, providing information, encouraging attendance at information sessions and maintaining contact with families through the training, assessment and approval process. The Division continues to utilize a database maintained at the state office to track initial inquiries from first contact through final approval. This allows for greater personal connections with potential foster parents and helps the recruiter see where attention is needed to achieve recruitment goals. Last year's rebranding of marketing materials have shown effective in getting the message out of the need for foster families. DFS utilizes foster parents and staff in recruitment activities. Foster youth are engaged to join recruitment activities. Continued efforts are made to partner with faith-based organizations, community groups and the medical community. The recruiter continues to broaden the reach of DFS into the community. The DFS website registration portal for "Information Sessions" successfully gathers needed information and contributes to more families attending information sessions. This allows potential foster parents to self-register eliminating delays. All inquiries receive confirmation emails for the next information session along with the information packet attached. (See Attachment: Foster Care Marketing, Recruitment and Retention Plan)

Health Care Oversight and Coordination Plan

Health of foster children is administered by Medicaid MCOs and a network of primary care providers. The Office of Evidence-Based Practice continues to contract with a consultant pharmacist to review psychotropic medication concerns and contribute to system medication oversight for children entering foster care. OEBP clinical staff also assist in program level and case level clinical support to help insure mental health best practices are employed. Updated data reviews for the past calendar year have been shared as part of ongoing conversations with leadership at presentations at the Annual Stakeholders Meeting and at Quality Assurance meetings held with our federal partners, as well as the annual Foster Parent Recognition Conference. Psychotropic best practice standards and monitoring procedures are well documented in Department Psychotropic Medication Policy #216. OEBP chairs and participates on the Department Medication Committee which consists of providers and division representatives. This committee meets quarterly to review psychotropic medication policies, practices and monitoring and oversight efforts. Data reports are shared as well as trouble-shooting related to our new information management system. One major ongoing goal is reducing the overreliance on antipsychotic medications to manage aggressive and challenging behaviors in department involved youth. Best practices related to service delivery is continuously evaluated and an annual report is compiled. The committee also enhanced the department website with informational resources on psychotropic medications for families and providers. The Delaware Learning Center is utilized to train all staff on best practices as they related to psychotropic medications. The new information management system FOCUS reports have been designed to track the use of antipsychotics as part of the wider Department initiative to track medication use patterns in department youth.

DFS continues collaboration between Nemours pediatricians, DMMA, MCOs and providers, in an effort to develop an improvement in information sharing and communication across agencies. Documents related to informed consent, health care information and caregiver information created during the work of the Tufts/Casey consultation project are being piloted at the Nemours Foster Clinic. These documents will also being shared with community providers so that best practices are employed consistently between settings.

Medical professionals are consulted and involved in assessing the health and well-being of foster children. The Children's Advocacy Center, A.I. du Pont Hospital for Children, Christiana Care, Nanticoke Hospital, Kent General Hospital, Beebe Medical Center, Division of Public Health, Division of Child Mental Health Services, school-based Wellness Centers and private medical practitioners provide a network of medical, dental and mental health care for foster children. Per policy, medical examinations are required when investigating physical abuse, sexual abuse and physical neglect for any child under the age of eight. Policy provides guidance for examinations for older children based on criteria. High-risk and substance exposed infants must be reviewed per protocol prior to discharge from hospitals. Children entering foster care must have a physical examination prior to entering care or within two weeks of entering care. The Division of Prevention and Behavioral Health Services coordinates higher levels of care for foster children. A pediatrician, specializing in abuse and neglect, is a member of the Child Protection Accountability Commission. As a CFSR PIP activity, DE is reviewing current policy and caseworker standards for dental health.

The Delaware Health Care Services Plan is a collaboration between the State of Delaware's Department of Health and Social Services and Department of Services for Children, Youth, and

Their Families. The Plan is overdue for updating and is under review by DFS' program team to assign tasks aligning federal requirements and Delaware's protocols. Foster children are eligible for the same benefits as all minor Medicaid recipients, including early screening, primary care, specialist care, hospitalization and prescriptions.

Disaster Plan

The State of Delaware was not affected by a disaster in this reporting period. The DFS Emergency Plan was updated April 2018 to include changes in the State Department of Technology and Information (DTI) crisis communication tool that replaced Notifind, MIR3, as well as DSCYF's new information system, FOCUS. During this reporting period, the Intake and Investigation Program Manager participated in a Delaware Emergency Management Agency (DEMA) Graded Radiological Exercise in September 2017. The current Continuity of Operations Plan (COOP) used by all State of Delaware departments has changed to a new program, and the DFS COOP is transitioning into this new program. The Intake and Investigation Program Manager and the Statewide Services Administrator participated in a Statewide COOP Interagency Exercise hosted by DTI in May 2018. During this review period, the Intake and Investigation Program Manager and the Statewide Services Administrator joined a Children and Disasters Workgroup coordinated by DEMA. (See Attachment: Delaware Emergency Procedures – April 2018)

Training Plan

The following is an update to the staff development and training plans that support the goals and objectives of the 2015-2019 CFSP. Technical assistance activities planned to be undertaken in support of the goals and objectives are described herein. At this juncture, no evaluative or research activities with a university, college, or outside organization are underway or planned involving DFS training goals and objectives.

Goal: Continue to provide training and training support for a stable and competent workforce

Strategy: Update and revise DFS training curricula to fully embed the values, knowledge, and skill areas involving the day-to-day casework practices pertaining to the DFS Outcomes Matter practice model framework initiatives (e. g., Structured Decision Making®, Safety Organized Practice, Family Search and Engagement).

Activities Update:

1. Maintaining a digital library of training curriculum: This activity is ongoing. Training staff are compiling digital media including research articles, PowerPoints, whitepapers, infographics, and video in support of the core child welfare content areas that are trained. This media is accessible to staff as it is loaded into a digital library in the new learning management system, Delaware Learning Center. The DLC was installed July 2015. Center for Professional Development staff attended monthly DLC administrator workgroups and participated in monthly training on different functions of the DLC in FY2017. CPD staff will continue to learn new functionality within the DLC as it becomes available.
2. Formal curriculum review bi-annually or as needed: Guidelines for curriculum reviews were established in 2012. An initial review of DFS training curriculum was completed in December of 2012 and CPD continued to modify individual classes over the past few years. In December 2014, a workgroup began a complete reassessment and evaluation of the entire core curriculum

to ensure that the SOP principles were included in all the core classes and that the training modeled the practice. In addition to the curriculum updates, other revisions included the renaming of all the courses, a modification of the 4-day “Separation, Placement and Permanency” course into two 2-day courses, the addition of “Quality Check-In” meetings at the midpoint of the curriculum, and the development of a new course “Team Decision Making Overview.” The revised DFS core training was reviewed with administrators at the SLT meeting in September 2015 and became effective September 1, 2015.

DFS and CPD began re-evaluating the core training curriculum with these initial changes. The 2 day “Alcohol & Other Drugs” course and the 2 day “Domestic Violence” course is replaced with a new 3 day course called “Factors Affecting Child Safety: Assessing for Addiction, Domestic Violence, and Mental Health Risks” was developed. The “Domestic Violence Providers” course was renamed to “Service Provider Presentations” with presentations from the alcohol and other drug liaisons and mental health providers. Additionally, the core training was compressed from 4 months to 3 months. This initial revision was reviewed with administrators at the DFS strategic leadership team meeting in April 2018 and is effective May 1, 2018.

3. Update instructional practices, videos and training aides are an element of above mentioned revision.
4. Update on potential content changes at training monthly staff meetings. This activity is ongoing as a training administrator attends monthly DFS SLT meetings and, as available, quarterly all management meetings and investigation and treatment workgroups to gather information that indicates a need to update training content.

Strategy: Provide Pre-service training to new casework staff, sister division staff, and providers to promote an understanding and an continued use of Outcomes Matter casework practices, SDM[®] assessments and tools to engage children and empower families to protect children from harm and/or risk of harm, promote permanence, and address child well-being.

Activities Update:

1. Develop the annual training calendar in August for the next calendar year: Completed July 2017.
2. Secure training spaces for next calendar year in October: Completed July 2017.
3. Continue to provide pre-service training in monthly cohorts: Ongoing.
4. Provide training to contracted providers and sister divisions in blended classrooms along with DFS staff: Ongoing.
5. Solicit peer coaches, subject matter experts, and/or experienced staff to provide new hire training: Ongoing. Peer coaches were identified for the “Team Decision Making Overview” pre-service class and they co-facilitated training with CPD in 2016. The peer coaches facilitated the class on their own on August 24, 2017, November 1, 2017, and February 27, 2018, and they will continue to provide this training going forward. A peer coach was identified for “Safety-Organized Practice: An Introduction to the SOP and Structured Decision Making[®] Practice Models” pre-service class. The peer coach observed the course in September 2016 and co-facilitated in February 2017. The peer coach facilitated the SOP course on their own on May 9-11, 2017, August 1-3, 2017, and December 5-7, 2017. CPD will continue to develop and identify peer coaches, subject matter experts, and associate trainers for pre-service training, as needed.

Strategy: Facilitate the use of newly trained coaches and CPD trained mentors paired with new workers to enhance learning through observation and practicing required field experiences during their four-month pre-service training cycle.

Activities Update:

1. CPD provided Safety Organized Practice Mentor Training on April 2, 2018, and 4 participants completed the training. This course is offered yearly or more often, as needed. Targeted for 4th quarter 2018.
2. Survey new employees to determine if they are assigned to mentors and actively mentoring: CPD began using the New Employee Midpoint and System Evaluations in June 2016. The online course evaluations rate course content, understanding, and relevance to job responsibilities. Rating categories include a Likert Scale of Excellent, Very Good, Good, Fair, or Poor. The raw course evaluation data from 42 New Employee sessions facilitated in FY2018 indicates an average score falling in the “very good” range.
3. In 2015, CPD participated in monthly Children’s Research Center (CRC) Coaching Planning meetings and the DFS workgroup to develop a coaching program. CRC facilitated a “Coaching Refresher: Understanding the Coaching Continuum” session on April 14, 2016 (25 participants). “Coaching Across the Curriculum” is offered as needed, based on DFS’ needs. CPD will continue to support DFS as they move forward with the coaching structure.
4. Assist in the launch of a coaches learning circle and participate as a member: To be determined. CPD staff will participate when DFS moves forward with planning the development of a supervisor learning circle structure.
5. The DFS pre-service training cycle is modified from 4 months to 3 months, due to business need and feedback from the new hires.

Strategy: Assess training needs and provide *In-service training* to all levels of staff, utilizing technical assistance as needed, and partnering with SOP trainers to build knowledge, practice skills, and support attitudes geared to the full implementation and sustainability of Outcomes Matters casework practices.

Activities Update:

1. Conduct assessments and determine training needs on an annual basis: Ongoing through participation in monthly DFS strategic leadership team meetings and bi-monthly treatment and investigation workgroup meetings and the curriculum review process.
2. Provide training to contracted providers and sister divisions in blended classrooms along with DFS staff: Ongoing through pre-service and in-service training.
3. Solicit peer coaches and/or experienced staff to provide training as subject matter experts and associate trainers: Ongoing. Four peer coaches are identified for the child welfare specific supervisor core training that is in development. The supervisor core training will include 6 modules, each offered monthly on a rotating schedule twice a year. The supervisor core training is scheduled to begin in August 2018. CPD will continue to develop and identify peer coaches, subject matter experts, and associate trainer, as needed.
4. DFS has contracted with the CRC to provide “SDM Safety Assessment and Safety Planning Refresher” training to all investigation staff and treatment supervisors in May 2018.

5. Maintain a seat on the Child Protection Accountability Commission Training Sub-Committee: Ongoing. One CPD training administrator is a member of the committee.

Goal: Enhance supervisory capacity to implement the practice model.

Strategy: Support DFS supervisors in learning and utilizing coaching practices and tools in the supervision of caseworker's OM practice skills to create an environment where the practice model is being consistently applied.

Activities Update:

1. Obtain information, technical assistance, and support from other jurisdictions with an established coaching program: CPD worked with DFS administrators and the CRC to provide supervisors with "Coaching Refresher: Understanding the Coaching Continuum" training on April 14, 2016 (25 participants). CPD worked with CRC to obtain training manuals and documents to provide continued support to DFS going forward.
2. Update the Transfer of Learning Manual to include coaching questions and tips for core training: In progress. This is a part of the aforementioned curriculum review process.
3. Find coaching resources and or develop coaching training aids to share with supervisors: Ongoing. These resources are being obtained and stored until they can be moved into the DLC. CPD and DFS are in the process of developing child welfare specific supervisor training curriculum that will include coaching as an element. Targeted to begin August 2018, this is a CFSR PIP staff training system strategy.
4. Serve in a consultancy role to supervisors: Ongoing. Supervisors have access to trainers via email, site visits, or telephone. CPD trainers contact supervisors if there is a concern about a caseworker's understanding of materials, ability to apply concepts, or a caseworker's attitude and behavior in training.

Strategy: Assist DFS in the establishment of supervisor learning circles to support supervisors with their role of agents for practice change, to effectively supervise OM practices, enhance their overall supervisory skills and to support their own professional development.

Activities Update: Postponed until DFS leadership begins planning and initiates activity on this.

1. Obtain information, technical assistance and support from CRC and other jurisdictions with an established supervisor learning circles.
2. Train supervisors to facilitate learning circles.
3. Participate in supervisor learning circles as appropriate.
4. Serve in a consultancy role to supervisors.

Goal: Use data to make informed decisions regarding training effectiveness.

Strategy: Update the current training surveys to inquire about exposure and utilization of skills, new practices, and tools affiliated with Outcomes Matter.

Activities Update: In June 2016, CPD added online DFS new employee Midpoint and System Evaluations to the DLC. The Midpoint Evaluation is administered at the midpoint of the new hire training and includes a follow-up quality check-in meeting between CPD and the new hires. The System Evaluation is administered upon completion of the new hire curriculum (3rd month). These

evaluations allow CPD to collect data about the entire experience of new hire training, mentor engagement, supervisory support, and functional responsibilities. The quality check-in meeting reinforces the use of the SOP three questions (What are we worried about? What is working well? What needs to happen next?) to further discuss the new hires' experiences to date. By meeting at the midpoint of new hire training, CPD is able to address issues in a timely manner and to reverse any negative trends.

Strategy: Develop a survey for supervisors to collect both quantitative and qualitative data, with the focus of the inquiry on their experiences in training, their training needs as supervisors, their perception of the training system overall for their workers, what is working well and what they see as opportunities for improvement.

Activities Update: In February 2016, the CFSR PIP professional development workgroup assessed the training needs of child welfare supervisors via a survey. The workgroup analyzed the results of the surveys and obtained supervisor training from Ohio that addressed the needs identified. The workgroup is modifying the Ohio curriculum to make it Delaware-specific and plans to start training in August 2018. In June 2016, CPD added quality check-in meetings with the new employees after the 2nd month of training (at the midpoint of the 4 month new hire training), to review the Midpoint Evaluations and get feedback on the entire training process. Supervisors have access to trainers via email, site visits, or telephone to discuss concerns about a worker's understanding of materials or ability to apply concepts. CPD provides the supervisors and administrators with updates on concerning trends and information gathered from the Midpoint and System Evaluations, as well as the quality check-in meetings.

Strategy: Determine ways to utilize existing IT infrastructure to support evaluation and outcome measurement of training.

Activities Update: Ongoing

1. Obtain information, technical assistance, and support in the area of quality assurance.
2. Utilization of the Delaware Learning Center and its capacity to monitor, manage, and assess training and to review outcomes.
3. Determine how to use existing training and survey software to its capacity.

Strategy: Share training data and metrics with DFS leadership, managers and supervisors to collaborate with them in making decisions on staff competencies to strengthen training outcomes to improve and promote continuous quality improvement.

Activities Update: CPD staff attends monthly strategic leadership meetings and, as available, quarterly all management meetings and bi-monthly investigation and treatment workgroups to provide training data, gather information on training needs, and to collaborate with DFS leadership on training content.

Goal: Resource allocations

Strategy: Locate and secure dedicated training space based on projected need to accommodate varying number of registrants, including our partners in service provision.

Activities Update: Completed May 2015, CPD secured two dedicated training rooms at Cleve White that accommodate 18 and 22 participants and two dedicated training rooms at the Barratt Building that accommodate 18 and 36 participants.

Strategy: Upgrade the DLC to meet an expanded need to collect additional data.

Activities Update: CPD participates in monthly DLC Governance Council and Administrator Forum meetings to stay abreast on enhancements and updates within the DLC to assess and compile training data.

Strategy: Effectively utilize existing technology to support online/web-based training, distance learning, and other innovative approaches to training delivery.

Activities Update: CPD has identified child welfare specific supervisor training written by Institute for Human Services for Ohio to be modified for Delaware as a CFSR PIP strategy to provide child welfare specific supervisor training. CPD purchased 2 additional licenses for Articulate Storyline 2 software in 2016 to develop online training. CPD continues to expand the use of alternatives to standard instructor lead classroom training using Articulate Storyline 2, Skype, and other resources.

1. Identify existing online training that support the training goals for DFS. CPD has identified web-based training on SOP through UC-Davis and communicated this to Assistant Regional Administrators for review and distribution to supervisors and staff as appropriate.
2. Using existing software to develop online training for DFS casework and supervisory staff: CPD purchased 2 additional licenses for Articulate Storyline 2 software in 2016 to develop online training. Determining the training suitable for online is part of the curriculum review process.
3. Seek additional resources and training via the OMB statewide training and Cornerstone as it relates to the Delaware Learning Center. Continued expansion of the internal capacity using Articulate Storyline 2.

XV. Statistical and Supporting Information

Information on Child Protective Service Workforce

The following information describes hiring, training and turnover for the child welfare workforce. For the Division of Family Services, three caseworker positions are in the progressive career ladder:

- Family Service Specialist (FSS) PG 10
- Senior Family Service Specialist (SFSS) PG 11
- Master Family Service Specialist (MFSS) PG 13

The Family Service Specialist Career Ladder Series is traditionally recruited in the following manner. When the incumbent leaves, the vacant position resets to the lowest level of the career ladder and the position is posted as open competitive on the Delaware Employment Link (DEL) website. After the posting closes all applications are screened to ensure that the minimum qualifications are met. Applicants for Family Service Specialist (FSS) must have education, training and/or experience demonstrating competence in each of the following areas:

- Possession of a Bachelor's degree or higher in behavioral, social science or related field
- Knowledge of health or human services work such as applying theories, principles, laws and practices of health or human services programs and services that assist with and improve life for individuals, families, or communities in the areas such as financial support, employment, unemployment, housing, health care, disease prevention, substance abuse, child protective services, physical/mental health treatment and prevention, rehabilitation
- Knowledge of interviewing to obtain facts, explore issues and identify courses of action
- Knowledge of case management which includes assessing, planning, developing, implementing, monitoring, and evaluating options and services to meet an individual's human service needs
- Possession of a valid driver's license (not suspended, revoked or cancelled, or disqualified from driving)

For the purpose of retaining and attracting experienced investigation and treatment workers in the Division of Family Services, the Division may competitively recruit for Family Crisis Therapists (FCT), Pay Grade 15, internally from investigation and treatment units. Current Division employees who successfully apply for these positions shall have their position reclassified to FCT. While this is a competitive process with no guarantee of promotion, the candidate is not competing against outside agencies or the general public. Applicants for FCT must have education, training and/or experience demonstrating competence in each of the following areas:

- Possession of a Bachelor's degree or higher in behavioral, social science or related field
- Three years of experience in case management which includes assessing, planning, developing, implementing, monitoring, and evaluating options and services to meet an individual's human service needs
- Three years of experience in crisis intervention
- Three years of experience in making recommendations as part of a client's service plan such as clinical treatment, counseling, or determining eligibility for health or human services/benefits
- Six months experience in health or human services work such as applying theories, principles, laws and practices of health or human services programs and services that assist with and improve life for individuals, families, or communities such as financial support, employment, unemployment, housing, health care, disease prevention, substance abuse, child protective services, physical/mental health treatment and prevention or rehabilitation
- Three years of experience in interpreting laws, rules, regulations, standards, policies, and procedures
- Six months experience in narrative report writing
- Possession of a valid Driver's License (not suspended, revoked or cancelled, or disqualified from driving)

The division also has Casual Seasonal (C/S) Family Support Specialist positions that are typically hired at the lowest level, however in certain areas (Report Line) the casual seasonal positions are Senior Family Support Specialist. All casual seasonal positions are paid on an hourly wage basis.

New staff receives 4 months of New Worker Training Cores and are evaluated for skill development of through 'Transfer of Learning Modules'. Each section includes instruction, activities working with a mentor, and assessment. The training also requires "shadowing"

opportunities with experienced staff. New worker training is described in the training plan narrative and training chart sections.

Here are other characteristics of DFS' child welfare workforce:

- Race statistics for the workforce are: .07% Asian, 30% Black, and 69% White
- 2% Hispanic
- Salaries range from \$33,906 to \$51,138 across all positions
- Supervisor to worker ratio standards are 1:5
- Educational degrees (caseworker, supervisor, administration; N=315) - A Bachelor's Degree in a behavioral, social science or related field is required for these positions

Caseload standards for fully functioning workers are:

- 11 investigation cases
- 18 treatment cases

Caseload reports as of March 30, 2018 state investigation caseloads average 24.3 and treatment caseloads average 17.5 per worker.

In-service training is selected annually by the leadership team after reviewing new federal requirements, state Code changes, data measures, new initiatives, and feedback from field staff and child welfare trainers. Training is also identified by the Department's leadership and the Center for Professional Development. Additionally, all staff receives Performance Plans that outline expectations and areas where performance is measured. New staff have their plans reviewed routinely. More experienced staff's plans are reviewed less formally but issues and concerns are discussed as a part of their case conferences with their supervisors. Every employee receives a Performance Review no less than annually. That review includes a discussion of areas where skill enhancement is needed and strategies to meet that need. Each employee also receives a Professional Development Plan for planning educational and skill advancement.

Staff turnover rates for DFS case managers and supervisors positions are: 1 voluntary demotion, 39 hires, 13 rehires, 30 competitive promotions and 35 career ladder promotions, 6 retirements, 1 long term disability, 2 dismissals, 33 voluntary resignations and 95 transfers for CY2017. There were 255 staff transactions/changes during the year including hires/rehires (20%), resignations (13%), retirements (.02%), dismissals (.007%), demotions/promotions (26%) and transfers (37%). The turnover rate for SFY2017 is 12.6%, 1.1% higher than SFY2016.

Juvenile Justice Transfers

For the period April 1, 2017 to March 31, 2018, fifty-eight youth in cases open with DFS were transferred into the custody of the Division of Youth Rehabilitative Services. These youth were in investigation and treatment caseloads when their commitment to the juvenile justice system's levels 3, 4 and 5 began.

Sources of Data on Child Maltreatment Deaths

Child maltreatment fatalities reported to NCANDS are derived from substantiated investigations resulting in findings of death neglect or death abuse.

The state does not use information from the state's vital statistics department, child death review teams, law enforcement agencies and medical examiners' offices when reporting child maltreatment fatality data to NCANDS because these agencies do not interface with Delaware's information system nor determine deaths as a result of abuse or neglect in the same manner as the Division. Child Protection Accountability Commission is the state entity responsible for compiling child maltreatment fatality data from all the sources listed above. One specific statewide Child Abuse and Neglect Panel meets monthly to review child maltreatment fatalities. CPAC was vested with state statutory authority to investigate and review deaths or near deaths of abused or neglected children. This responsibility transferred from the Child Death Review Commission to CPAC on September 10, 2015.

In FY2017, CPAC approved the retrospective reviews conducted by the Child Abuse and Neglect Panel between May 2016 and March 2017. During this period, the Panel reviewed 14 child maltreatment deaths. The findings and recommendations resulting from the reviews of child deaths and near deaths due to abuse or neglect are available at the following link:

https://courts.delaware.gov/childadvocate/cpac/cpac_reports.aspx

Education and Training Vouchers (Attachment E)

[See Attachment: Annual Reporting of Education and Training Vouchers Awarded (Fed. Attachment E)]

Inter-Country Adoptions

DSCYF/DFS does not have any data for the number of children adopted from other countries. As of April 26, 2018, there is no report posted on the state government website for 2017 data. (<http://travel.state.gov/content/adoptionsabroad/en/about-us/statistics.html>)

Monthly Caseworker Visit Data

DFS will submit monthly caseworker visit data for FFY2018 per Section 424(f) of the Social Security Act by December 17, 2018.

XVI. Financial Information

Payment Limitations – Title IV-B, Subpart 1

The state affirms less than 10% of title IV-B, subpart 1 federal funds are expended for administrative costs. Delaware had no expenditures of FFY2005 Title IV-B, subpart 1 funds for foster care maintenance payments, adoption assistance payments and child day care. Non-federal matching funds for FFY2005 Title IV-B, subpart 1, spent on foster care maintenance payments total zero. For FFY2019, Delaware will not spend Title IV-B, subpart 1 funds for foster care maintenance payments, adoption assistance payments or child day care. Non-federal matching funds for FFY2019 are not expended for foster care maintenance payments, adoption assistance payments or child day care.

Payment Limitations – Title IV-B, Subpart 2

For FFY2019, at least 20% of the allocation are spent within the four categories of PSSF as follows:

- | | |
|---------------------------|-----|
| ○ Family Preservation | 20% |
| ○ Family Support | 33% |
| ○ Intensive Reunification | 24% |
| ○ Adoption | 22% |
| ○ Administration | 1% |

For FFY2015, expenditures for matching Title IV-B, subpart 2 funds totaled \$ 265,336 state funding; this exceeds the 1992 base year amount of \$155,126. The state affirms less than 10% of federal funds under title IV-B, subpart 2 are expended for administrative costs.

FY 2019 Budget Request – CFS-101, Parts I and II

(See Attachment: CFS-101 Parts I & CFS 101 Part II)

FY 2016 Title IV-B Expenditure Report – CFS-101, Part III

(See Attachment: CFS-101 Part III)

XVII. Grant Applications

**CHILD ABUSE PREVENTION AND TREATMENT ACT
FFY 2019 STATE BUDGET PLAN**

Personnel	Salary	OECs	Health
0.5 FTE-Institutional Abuse Investigator: Investigates reports of Institutional Abuse to determine validity and develops a corrective plan to reduce the chances of further abuse; coordinates with police as required.	\$21,579	\$6,685	0
0.5 FTE-Institutional Abuse Investigator: Investigates reports of Institutional Abuse to determine validity and develops a corrective plan to reduce the chances of further abuse; coordinates with police as required.	<u>\$21,626</u>	<u>\$6,700</u>	<u>0</u>
	\$ 43,205	\$13,385	\$0
Total Personnel Costs			\$56,590
Contractual			
Contract with the A. I. du Pont Hospital for Children For expedited medical examination services by a physician and the services of an A.I. social worker to manage DFS cases			\$43,091
Activities to develop, implement or monitor Plans of Safe Care			\$249,402
Travel			
Training or conferences at local, regional or national levels			\$7,714
Supply			\$2,000
Indirect Costs			\$2,135
Audit	1,083		
State Personnel Office Charges	577		
SWCAP	475		
TOTAL			\$360,932

**TITLE IV-B SUBPART 1 - STEPHANIE TUBBS JONES CHILD WELFARE SERVICES
APPLICATION FOR FFY2019**

FFY 2019 Budget Request for Grant: Stephanie Tubbs Jones Child Welfare Services

Salary and OEC		184,780
Office of Children's Services		
1.0 FTE - Permanency Coordinator (PG 11)	59,406	
Office of Child Care Licensing positions		
1.0 FTE - Child Care Licensing Supervisor (PG15)	66,941	
1.0 FTE - Child Care Licensing Specialist (PG11)	58,433	
Contractual		904,065
Office of Children's Services will contract for family Support services as part of its child protective Service continuum	867,917	
Office of Child Care Licensing 1.0 FTE – Administrative Assistant	36,148	
Supply		6,000
Indirect		5,415
Audit	2,377	
State Personnel Charges	1,731	
SWICAP	1,307	
Total Federal Funds		792,187
State Matching Funds		308,073
TOTAL STATE AND FEDERAL PROGRAM FUNDING		1,100,260

Proposed Activity:

- Salary and OEC for positions in the Office of Child Care Licensing (OCCL) to license, monitor and support day care providers:
1.0 FTE - Child Care Licensing Supervisor - supervising 5 licensing specialists with a total caseload of approximately 1,500 licensed facilities
1.0 FTE - Child Care Licensing Specialist - responsible for a caseload of approximately 150 licensed childcare providers.
- Salary and OEC for position in the Office of Children's Services (OCS) to promote and support achievement of permanency for children:
1.0 FTE – Permanency Coordinator - works directly with the adoption program manager
- 1.0 FTE – Administrative Assistant – performs administrative tasks supporting the functioning of the Office of Child Care Licensing. This non-state position is listed as a contractual expenditure on the budget summary.

Amount of Federal Funding: \$184,780**Characteristics of Individuals to Be Served:**

- OCCL - Family day care homes providing care for 7-12 children by at least 2 caregivers in a residential or nonresidential setting and childcare centers providing care to 13 or more children for more than 4 hours per day.
- OCS - Children in the care and custody of the Division that cannot return to their own families and for whom permanency is needed.

Geographical Area Served:

- Statewide

Objectives and Results Expected:**OCCL**

- Annual licensure and license renewal based on completed compliance reviews, complaint investigation reports, monitoring reports for required corrective action, negative enforcement reports, as necessary, in Kent and Sussex Counties.
- Maintain a smooth running licensing function in New Castle County with licensing services delivered in a timely, efficient and effective manner.
- Efficient and timely response to the public, inquirers and applicants for licensing and licensees.

OCS

- Record and distribute Permanency Planning Committee minutes statewide.
- Identify, review and recommend permanency goals for children in care for 9 months or longer as member of Permanency Planning Committees statewide.
- Monitor key events to achieve timely permanency goals.

Proposed Activity:

OCS will contract with community-based service providers for parent aide and family support services.

Amount of Federal Funding: \$551,044

Characteristics of Individuals to Be Served:

- At risk children and families active with the Office of Children Services.

Geographical Area Served:

- Statewide.

Objectives and Results Expected:

- Provide contracted family intervention and family support services to at risk children and families receiving services from the Office of Children's Services.
- Enhance family capacity to meet their own needs.

**TITLE IV-B SUBPART 2 - PROMOTING SAFE AND STABLE FAMILIES
APPLICATION FOR FFY2019**

Salary and OEC

OCS Staff Members	122,927
8 Staff Members dedicating at least 25% of their time toward time-limited reunification services to families with children in placement	

Contractual	1,227,078
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<i>Division of Prevention and Behavioral Health Services</i>	377,768 Federal
Contracts with five sites throughout the state to deliver family support and family preservation, fatherhood, healthy adult and coalition building supports and services	319,441 State Match

<i>Division of Family Services Office of Children's Services</i>	
Contract to provide reunification support services, statewide	239,352
Contract to provide a continuum of Adoption Promotion/Support Services, statewide	210,000

Caseworker contacts with foster children (Monthly Caseworker Visits)	60,388 Federal 20,129 State Match
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Administration	7,050
Program administration, supplies and materials to support communication, education, training and program management	

Total Indirect	5,130
Audit	2,104 Federal 1,021 State Match
State Personnel Charges	1,154
SWICAP	851

TOTAL	
Federal Funds	1,021,594
State Matching Funds	340,591

<u>TOTAL FEDERAL AND STATE PROGRAM FUNDING</u>	<u>1,362,185</u>
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Family Preservation and Family Support

Proposed Activity: Family Consultation and Support Services

The PSSF Family Support and Family Preservation components of Title IV B subpart 2 are combined to provide a continuum of service for fragile families who exhibit family stressors which can bring families to the attention of and/or be investigated by child protective services for safety, stability, permanency of the child and their well-being. The PSSF community-based Family Consultation and Support Service is the combination of family support and family preservation using a family support approach and family centered practices. The PSSF consultation and support case management model incorporates evidence-based practices, assessment and planning tools directed towards the outcomes of family empowerment and family stabilization by addressing the core stressors leading to child maltreatment.

In the continuum of Prevention services provided through the Division of Prevention and Behavioral Health Services, services are focused on three domains: the individual, the family and the community. The PSSF Family Consultation and Support program operates statewide through five sites supported by three community organizations with a common interest in the prevention of risk factors threatening the stability of a family. The identified geographical service areas have higher rates of families prone to entering or re-entering child protective services. The program services continues to target non-residential fathers as a protective factor in reducing stressors incurred by single mothers and increase child(ren) resiliency through positive father involvement.

The growing need for this infused service, resources and supports continue to be geared towards helping fathers and mothers navigate through Delaware's Child Support and Family Court systems addressing child custody and visitation orders when child safety is not an issue. And the service of Separating and Divorcing Parent education program Implemented building/enhancing effective co-parenting skills in support of the restoration of healthy parent-child and child-family relationships. The fatherhood initiative's two year project, "A Father's Guide to Understanding Custody and Child Support" booklet, was transferred to the DHSS Division of Child Support Enforcement Fatherhood Program to support the question and answer appendix of the DCSE service guide. The guide was developed to support adults understanding and ability to successfully navigate through family service systems addressing child support orders, custody orders, visitation orders, and family mediation services and Separating and the Divorcing Parent education course. During the review of the booklet it was determined that the information within the guide should be incorporated into information pamphlets distributed by the governing service agencies, thus resolving the completion of the guide entitled "A Father's Guide to Understanding Custody and Child Support" drafted by the DFFC. The DFFC website will collaborate with the noted service agencies to obtain PDF copies of the service pamphlets to make them accessible through the DFFC website in FY18-19.

Consultation and Support services continue to target participants who are the primary caretakers of children, non-residential fathers and youth with children residing in DE.

The principle foundation remains the same with all of the initiatives under Family Preservation and Family Support in the prevention of child maltreatment. Individuals, families and communities are empowered to address concerns and behaviors by continuing to build and exercise skills to

take the lead in determining the course of action to address their families and community needs, reduce stress, and build resiliency for the well-being of the child.

Continued efforts are being made to obtain data for the PSSF Family Consultation and Support services through a departmental database. (See Section II. Update on Promoting Safe and Stable Families Program Service Components of the PSSF 2018 APSR system supports: FOCUS system report.) PSSF Consultation and Support service implemented excel spreadsheets to house samplings of case data, which provided the program outcomes of the program's service objectives. (See Section II. Outcome measures, accomplishments, barriers and challenges- Service Data Reporting of the PSSF 2018 APSR.) The PSSF Consultation and Support program is included in FOCUS. The development of PSSF service reports are scheduled to occur in FOCUS winter 2019. PSSF program usage of the Department web-based data system is completely new and is expected to impact service delivery of the consultation process. The consultation process will be monitored to determine FOCUS revisions. The development of a completely new data tracking system supports the program's ability to obtain comprehensive objective data outcomes.

Objectives:

1. Continue to provide the PSSF Family Consultation and Support prevention case planning services which address the four family stressors (Parental Characteristics, Child Behavior, Coping Abilities, Knowledge of and Access to Resources all which are major factors having the likelihood of contributing to Child Maltreatment).
2. Engage and retain fathers in PSSF Consultation and Support Services and strengthen the Infrastructure of the Fatherhood and Family Coalition.
3. Support resources that assist Parents to navigate through Child Support, Family Court for custody and visitation, DHSS Social Services and primary and secondary education services for children.
4. Continue to revise current service measurement tools to support qualitative and quantitate service outcome reporting regarding the fathers, children, families and communities' engagement and satisfaction of the coalition methods employed in the delivery of the strategic priorities. Continue to pilot and revise measurement tools assessing father's development and enhanced parenting and co-parenting skills. Develop measurement tools to support self-reporting of father "active" engagement and or re-engagement with children and families. (Program FOCUS report(s) request.)
5. DFFC will continue to work with the Division of Health and Social Services Division of Child Support Enforcement (CSE) to increase collaborative efforts to PSSF consultation services to the participants of the CSE mandated to increase non-custodial parent involvement in the services of Child Support Enforcement. The CSE Fatherhood Program is discontinued effective FY2018.
6. Continue to train PSSF Consultants to more effectively engage and provide supports for fathers.
7. Expand partners to collaborate to provide services pertaining to fatherhood, co-parenting and adolescent and parent communication.
8. Create reporting measurements within the FOCUS web-based data tracking module capturing data of sample cases for review and collect specific data determining increase of knowledge, decrease in life stressors, skill building in planning and the self confidence level of PSSF participants.

9. Increase family stability by influencing the behavior and attitude of families and the community through education and training using a universal and selected prevention approach.
10. Provide additional staff to support training, community initiatives and assess adherence to practice of the family tools.

Results Expected:

1. **PSSF Engagement:** Services are accessible to the community where providers may meet with the program participants either at their home or a location conducive to the program process. Per contract year, each site shall engage at least 50 families for the Family Consultation and Support Services.
2. **PSSF Retention:** Per contract year, each site shall retain at least 35 families for the Family Consultation and Support Services. Retention is defined as a participant who completes all of the PSSF pre/post consultation and support family forms, reaches at least two goals and completes the program participant satisfaction surveys.
3. **PSSF Support Only Referrals:**
 - Per contract year, each site shall serve at least 300 individuals to appropriate services and resources. Individuals are defined as all family members documented on the Family Information Registration Form. This count includes:
 - a. A participant who does not complete a post – family assessment, however completes their family goals.
 - b. A participant who does not complete two goals.
 - c. A participant who wants to receive resource referral services only.

PSSF Measures:

1. Reduction of stress is measured Pre/Post PSSF Family Forms and Participant Satisfaction Survey results demonstrating improvement in the level of functioning. This measures the reduction of stress, an increase of adequacy level of supports, confidence to address their concerns, goal attainment and connection of appropriate services.
2. Number of families, children and adults receiving services.
3. Number connecting to services and supports.
4. County Leadership Coalition's reporting of events, meetings held, partnerships and educational experiences for the community.

Amount of Federal Funding: \$377,768

Characteristics of Individuals to be Served:

Voluntary services offered to fragile families with children 18 and younger (caretakers, homeless parents, non-residential fathers, foster parents and youth who are parents and reside in DE). Services are offered statewide to families who have never had any involvement or who are currently involved, or no longer involved with the Division of Family Services.

Geographical Area Served:

- New Castle County, Kent County and Sussex County.

Promoting Safe and Stable Families Fatherhood Initiative Delaware Fatherhood and Family Coalition

Proposed Activity: Family Support - Coalition Building: Fatherhood and Healthy Adult Relationship Initiative

The DE Fatherhood and Family Coalition (DFFC) builds upon community and organizational partnerships who have the same commitment and interest in assisting fathers who are facing challenges of being involved in the lives of their children. The DFFC was designed to empower the community to become influential in changing attitudes and behaviors through the Promoting Safe and Stable Families Consultation and Support service and statewide coalition using a universal and selected approach. The strength and commitment of the DFFC coalition which consists of social/service/faith-based business, organizations and parents, who mostly volunteer their time, envisions healthy and resilient DE children whose fathers are involved and parents effectively work together. The DFFC mission operates as a united change agent, who are committed to building a sustainable community coalition that champions father involvement and supports healthy adult relationships, specifically effective co-parenting, which in turn provides positive outcomes for DE children and communities. The DFFC is an advocate for the well-being of DE's children and promotes fatherhood involvement and effective co-parenting as a protective factor, strengthening the child's resiliency. The Coalition's structure has grown to include three DFFC sub- County Leadership Coalitions (CLC), and a Steering Committee that is transitioning into a governing board. The CLC operates locally in their geographical location with localized members and leadership positions. The Steering Committee consists of the Leaders of DFFC in addition to community leaders and organizations who have joined to strengthen and support the solidification a community driven coalition. The Steering Committee is the governing body, providing guidance and oversight to the developer of educational materials used by the DFFC, guidance of the DFFC media and technological communication function and of the coalition's corporate partnerships and collaborative efforts.

Family Support Objectives:

1. Support the DE Fatherhood and Family Coalition by strengthening its advocacy infrastructure to support its pilot project of providing fatherhood services statewide.
2. Increase community awareness of the importance of and commitment to father involvement in the lives of their children as well as family stability through education and training using social media tools to educate, inform and engage parents on the importance of Fatherhood.
3. Stimulate a broad-based positive social movement to combat father absence and promote fatherhood involvement through obtaining new members and activating volunteerism.
4. Recruit fathers to participate in PSSF services and activities with the support of the programs pilot position (Project Coordinator – Trainer).
5. Provide Fatherhood and Healthy Adult Relationship educational opportunities and technical assistance to increase the capacity of the community to support fatherhood involvement.
6. Expand partners to collaborate around services and advocate for fathers and Healthy Adult Relationship pertaining to co-parenting.
7. Pilot a Faith-based County Leadership Committee servicing the statewide faith-based fatherhood initiative. The pilot Faith-based County Leadership will serve as the New Castle

County Leadership Coalition in FY19.

8. DFFC will host the 6th Delaware Fatherhood and Family Summit in 2019.
9. DFFC will host the 6th Delaware Fatherhood Recognition Ceremony in 2019.
10. DFFC will pilot a fatherhood school-based mentorship program with one school district in Kent and Sussex County in FY18 and 19. The project will seek to support the increased involvement of fathers in the educational services available within many school districts to support the success of the students with parent involvement.
11. DFFC will partner with DPBHS Prevention Unit and Delaware After – School Network and Extended Hour Programs throughout the State providing a series of parent engagement information sessions and family engagement opportunities.

Results Expected:

1. Implement new membership training expanded to include the pilot fatherhood collaboration in need of community volunteers training in the foundation components of the fatherhood initiative.
2. Solidify fatherhood linkages and collaboration efforts to engage and retain community organizations and grass root establishments to facilitate the fatherhood community-based dialogue sessions.
3. Build leadership skills for the County Leadership Committee officers.
4. Add bi-monthly research based educational tips, service, community and navigational information to the DFFC website to assist parents and family service providers working with fathers.
5. Promote and expand learning opportunities for the public to attend trainings such as through the annual summit, community dialogues sessions, and fatherhood trainings developed based on the request of community and or faith-based organization's needs and or interest, quarterly 24/7 Dad's curriculum workshops and the implementation of the evidence-based curriculum "Understanding Dad's" objectives are focused on building female – male communication skills and fostering self-awareness of possible bias toward males that limit father involvement.
6. Continue efforts to establish a pilot Fatherhood webinar series on a quarterly basis.
7. Continue to gauge outcomes by using the DFFC priority chart measuring success reviewed bi-weekly to align tasks with objectives and priorities.
8. Continue work with Child Support Enforcement efforts in assisting non-custodial parents to navigate through the court system and child support services.
9. Explore opportunities to collaborate and or partner with other supportive services for fathers and families.
10. Re-implement the annual statewide Father and Family Summit.

Amount of Federal Funding: \$133,488

Characteristics of Individuals to be Served:

The DE Fatherhood and Family statewide coalition structure consists of at-large members, leaders from the County Leadership Coalitions, partners, and volunteers statewide committed to fatherhood. Recipients of the supports and services are all Delawareans.

Proposed Activity: Time-Limited Reunification

Serve families statewide who have children placed in foster care due to abuse, neglect and/or dependency. These families are identified as strong candidates to reunify within 6 months. Office of Children's Services caseworkers serve these families. Families may also receive contracted services to expedite reunification through family support or parent aide services.

Amount of Federal Funding: \$122,927

Characteristics of Individuals to Be Served:

1. Families with children in foster care due to abuse, neglect or dependency with the permanency goal of reunification.

Geographical Area Served:

2. Statewide

Objectives and Results Expected:

1. Timely reunification for foster children and their families.
2. Identify risk factors and needs that resulted in foster care placement.
3. Provide support services as identified in case planning to reduce risk and promote reunification.

Proposed Activity: Adoption Promotion and Support

Serve children seeking permanent families statewide. Promote recruitment, approval and support for adoptive resources in Delaware and the nation.

Amount of Federal Funding: \$210,000

Characteristics of Individuals to Be Served:

1. Children seeking permanent families and in the custody and care of the state.
2. Adoptive resource families are recruited, approved and supported by this service.

Geographical Area Served:

- Statewide and national

Objectives and Results Expected:

1. Build capacity for adoptive resources.
2. Timely adoption of foster children needing permanent homes.
3. Support adoptive placements in Delaware and nation to ensure permanency for children.

Proposed Activity: Reunification Support Services

Serve children with goal of reunification with their families through family intervention service contracts.

Amount of Federal Funding: \$239,352

Characteristics of Individuals to Be Served:

Children seeking in the custody and care of the state with goal of reunification

Geographical Area Served:

Statewide

Objectives and Results Expected:

Timely reunification with family and relatives

Proposed Activity: Monthly Caseworker Visits

For this budget application period, Delaware is requesting \$60,570 federal IV-B, subpart 2 funds supporting caseworker visits. The expected period of expenditure will be state fiscal year 2018; federal funds will be liquidated by December 31, 2019 or as declared by the Children's Bureau. Caseworker visit funds are applied to contracted foster care services using a methodology targeting caseworker visit costs.

This proposed activity supports DFS' policy on foster child contacts which states children are to be seen monthly and a majority of the contacts be in the child's residence. The policy website is: <http://kids.delaware.gov/policies/dfs/fs-user-manual.pdf> Placement Chapter #4, Section G.

Results Expected:

1. Absence of maltreatment in foster care settings.
2. Timely exits to reunification or other permanent placements.
3. Compliance with state and federal standards for monthly caseworker contacts.

Amount of Federal Funding: \$60,570

Characteristics of Individuals to be Served:

1. Foster children ages 0-18.

Geographical Area Served:

Statewide

Objectives and Results Expected:

Timely visits with foster children to assess safety facilitate normalcy and achieve timely permanency

**CHAFEE FOSTER CARE INDEPENDENT LIVING PROGRAM APPLICATION
FOR FFY 2019 SPENDING PLAN
FFY 2019 Budget Request for Grant: Chafee Foster Care Independent Living Program**

Personnel	Salary	OECs	Health
1.0 FTE Program Manager: (PG 18) Oversees state wide program operations	\$55,337	\$17,143	0
1.0 FTE – Administrative Specialist I (PG 7) Provides administrative support to program manager; manages the Independent Living Program Data Base	\$26,048	\$15,689	0
Total Personnel Costs			\$114,217
Contractual			1,934,789
Six agencies provide independent living preparation, employment and support services to youth and young adults between 16 to 21 years of age		1,709,323	
Five agencies and six HOST homes will provide room and board for approx. 20 former foster youth between 18 and 21 years of age		140,344	
Assist youth in care with participation in age/developmentally appropriate activities, assist youth exiting care with stipends, rent and utilities deposits and emergencies during transitioning (not room and board)		67,122	
Annual youth conference, approximately 100 youth will participate; 4 half-day conferences (county), 20-40 youth will participate		8,000	
Training for contract providers, internal staff and community partners relative to independent living related best practice programming.		10,000	
Supplies			3,365
Monthly council meetings, leadership training and conferences for Youth Advisory Council members			
Travel			2,000
Program Manager, youth advisors, and 3-4 youth will attend national and regional conferences and meetings			
Program Supplies			1,000
Indirect			3,549
Audit		1,500	
SWICAP		895	
SPO Charges		1,154	
TOTAL	Federal Funds	500,000	
	State Matching Funds	125,000	
	Additional State Funds	1,433,920	
TOTAL STATE AND FEDERAL FUNDING			2,058,920

**CHAFEE FOSTER CARE INDEPENDENT LIVING PROGRAM APPLICATION
FOR FFY2019
SPENDING PLAN – DETAIL**

Proposed Activity:

Federal funds resource 2 full time positions at the state level to oversee independent living programming, both internal and external to the agency.

- FTE Program Manager (PG 18) will oversee state wide program operations.
- FTE Administrative Specialist I (PG 6) will provide support services to the Program Manager and assist in data management.

The Department will contract with public and private agencies to provide independent living preparation and transitional living services to youth and young adults statewide. Contracting agencies are required to deliver services in accordance with the Department's seven principles for implementing a seamless system of care. The Department will operate under the following guidelines:

- Independent living services are provided as early as possible.
- The provision of services is an integrated team approach.
- Services will provide "real life" experiences.
- Youth will participate in the planning process.
- Programs and services are flexible and promote youth development.

The Division of Family Services will provide independent living services to assist youth, ages 14 and older that are in foster care, and young adults who exited care upon their 18th birthday but have not reached age 21. Youth who leave care after age 16 for adoption or kinship/permanent guardianship are eligible for IL services. These services are available to American Indian children. The contracting agencies will focus their efforts on older participants (16-21), and DFS case managers will focus their attention on the younger participants (14-15). DFS case managers will ultimately be responsible for ensuring all youth in foster care receive independent living preparation services. The ILP Manager and Foster Care Program Manager will coordinate training for managers, case managers, caregivers, adoptive parents, and foster parents. The trainings focus on understanding and addressing issues confronting adolescents and how to help participants gain basic daily living skills. Meaningful training to foster parents serving adolescents continues through the Institute for Human Services' foster parent training program model. Also, youth and young adults have the opportunity to attend age appropriate training that will help prepare them for their transition to adulthood.

DFS will host statewide youth conferences and leadership development workshops. Members from YAC will participate in National Youth Leadership Conferences. Foster parents, case managers and the DFS Advisory and Advocacy Council Members are encouraged to attend IL conferences.

The Child Placement Review Board was defunded in FY2017. DFS has taken over the distribution of the federal funds the state receives for the Education and Training Vouchers (ETV). With the loss of CPRB, the state also lost the funding for the Ivyane Davis Memorial Scholarship, which had been used as state matching funds. The state will now use the Achieving Self Sufficiency in Supported Transition (ASSIST) stipend program as the match for ETV funds. DFS will develop policy and guidelines and work closely with the independent living contracted agencies to assure

a fair distribution of the available ETV funds, while allowing for individualized decisions tailored to best support the needs of the individual student.

Encouraging youth to pursue post-secondary educational endeavors remains a focus. The promotion and necessity of continued education is a message rendered to all youth. ETV funding is paid directly to college, training program or the youth. Efforts to remove barriers to obtaining ETV include streamlining the application forms, on-line access to applications, one on one assistance with completion, and working with all applicants (even the struggling student) to achieve at least a certification so at a minimum youth achieve a level of training that will allow them to earn a living wage. Youth are educated regarding their eligibility for ETV by their independent living workers and at their transition and exit planning meetings. Young adults that remain in state and those who move out of state are eligible for a monthly ASSIST stipend. Those youth receiving the stipend and living out of state receive information and reminders regarding their eligibility for ETV.

The agreement with Delaware State University, implemented during the 2010-2011 school year provides unique post-secondary educational opportunities for youth. Three youth were supported through the partnership between DFS and Delaware State University (DSU) during the 2017-2018 school year. An additional four students enroll at DSU for the 2018 fall semester. Supports include financial assistance, year-round housing supports, and university life guidance and supports. Through the MOU signed on February 14, 2011 this opportunity is afforded to 2 (two) youth a year until a maximum of eight youth are in the program. A key partner in this accomplishment is Delaware State Housing Authority (DSHA). Through the use of a state funded housing voucher the current three youth were able to receive rental subsidy vouchers to cover the dormitory housing costs. The additional four incoming students will also apply for the rental subsidy. This program has produced three graduates since the program's inception. Efforts to develop similar partnerships with the remaining colleges and universities within the state continue. ASSIST stipends are available for post-secondary expenses. Youth with student loans can apply a portion of the stipend to begin repayment of their loan in order to reduce future student loan debt. Student loan repayment allowable amounts are increased to as much as \$500 per month.

Additional accomplishments include the creation of the Inspire Scholarship through legislation. This scholarship provides tuition assistance to Delaware high school graduates to promote attendance at Delaware State University. Provisions were included in this legislation to afford youth who have aged out of foster care with additional time to utilize this scholarship given the knowledge of the barriers often faced in pursuing post-secondary educational goals immediately following high school completion. This scholarship opportunity is in addition to the SEED (Student Excellence Equals Degree) scholarship which accomplishes the same goals at the Delaware Technical and Community College sites throughout the state and the University of Delaware. The SEED scholarship also allows youth that have aged out of foster care additional time to pursue their college aspirations.

The key to increasing the number of ETV participants is contingent upon an increase in the number of youth that complete their high school education. In an effort to achieve this goal, legislation was passed in August 2014 and allows a graduation exception in which a student that was in DSCYF custody who transfers into a district or charter school shall be permitted to graduate based upon

the successful completion of the Department of Education's graduation requirements as defined in the Delaware Code. It is anticipated that this will help improve graduation rates given that youth will not be held to the graduation standards of a new district because of a change in placement. CPAC's dashboard report added education graduation rates for foster children to track performance.

Service Guidelines by Age:

Services Available for Youth Age 14-15(estimated number to be served, 90)

- Life Skills Assessment
- Plan to complete educational goals
- Individualized Plan for Independence
- Coordinated services for youth with foster parent(s) or caregivers
- Caregiver Support-foster parent(s) or caregivers will receive training and support for delivering home based skill building
- Informal participation in structured ILP activities, social skills groups, or activities
- Education on the dangers and consequences of drugs, alcohol, and illegal substance use
- Support in maintaining family contacts as appropriate

Services Available for Youth Age 16-17(estimated number to be served, 100)

- Life Skills Assessment
- Plan to complete educational goals
- Individualized Plan for Independence
- Coordinated services for youth with foster parent(s) or caregivers
- Caregiver Support-foster parent(s) or caregivers will receive training and support for delivering home based skill building
- Active participation in structured ILP activities, social skills groups, workshops and conferences
- Education on the dangers and consequences of drugs, alcohol, and illegal substance use
- Education on the dangers of high risk behaviors (i.e. unsafe sex, illegal occupations)
- Assistance in developing/gaining work experience
- Educational supports to assist with high school/GED completion
- Assistance in applying for post-secondary and vocational training programs
- Support in maintaining family contacts as appropriate
- Assistance in obtaining credit reports/credit counseling
- Comprehensive transition planning

Services Available for Young Adults Age 18-20(estimated number to be served, 275)

- Life Skills Assessment
- Referrals and coordinated services for young adults with other helping agencies, i.e. counseling services, career development and job readiness
- Support and guidance in job search and job maintenance
- Active participation in structured ILP activities, social skills groups, workshops and conferences
- Education on the dangers and consequences of drugs, alcohol, and illegal substance use
- Education on the dangers of high risk behaviors (i.e. unsafe sex, illegal occupations)

- Assistance in obtaining credit reports/credit counseling
- Assistance in securing safe and affordable housing and living arrangements
- Educational supports to assist with high school/GED completion
- Education and Training Voucher Program and other scholarship programs
- Assistance in applying for post-secondary and vocational training programs
- Support in maintaining family contacts as appropriate
- Transitional housing and other supportive housing options
- Comprehensive transition planning
- Financial assistance through monthly needs based stipends

Youth and young adults are involved in an individualized life skills assessment to ascertain their strengths, skills, connections to community and supportive persons, and to identify their needs and readiness for services. The ILP service providers and case managers will use the Ansell-Casey Life Skills Assessment tool for youth 16-21. Delaware Youth Opportunity Initiative developed a life skills benchmarks guide for youth ages 14-21 that provides guidance and tracking regarding the appropriate developmental skills at each age. The tool provides a reference for age appropriate life skill development and focus areas. Approval of the finalized tool was delayed and revision continues this year. Once initiated, the outcomes will be incorporated into the new Child and Family Services Guide which replaces the Plan for Child in Care case plan.

Each participant receives an individualized “Plan for Independence”. The planning team includes the ILP service provider, case manager, and youth. Additional team members may include the caregiver, foster parent(s), biological parents, if appropriate, and other significant individuals.

Youth in out-of-home care and those who aged out of foster care and have not reached age 21 receive various forms of life skills training. The objective of all life skills training is tailored to assist the participant’s transition to adulthood by providing education and experiential opportunities in the area of daily living. The IL providers offer training that focuses on both tangible skills, such as, housing, employment, money management, home management, self-care and intangible skills, such as, decision-making, self-esteem, interpersonal relations, and communication skills. IL contracted case managers are actively involved in education planning and career/job development. The Department partners with other agencies and programs, such as, state and local housing authorities, the Department of Labor, Workforce Investment Board, Department of Education, Vocational Rehabilitation Programs, Career Exploration Programs and private agencies to assist the contract providers in this effort.

Previously, the ILP Manager coordinated with the State Office of Volunteerism, Delaware Mentoring Council, Connecting Generations, faith-based organizations and other community agencies to develop a network of community volunteers and mentors to serve as supportive individuals in the youth’s transition to adulthood and community life. The Delaware CHAMP (Creating Hopeful Adults Mentoring Program) Network was maintained by DFS, contracted IL staff and partners. Although there were intentions to develop a sustained mentoring program through VISTA members who helped with the implementation of the program, this did not come to fruition. The inability to secure additional monetary resources has impeded the ability to fully carry out the mentoring program in its intended format. As the CHAMP program has not found success with any active mentors, DE decided to end the program and engage with other mentoring

programs for youth. Youth are connected with mentoring programs within the community such as Big Brothers Big Sisters. Big Brothers Big Sisters also implemented a new program to provide mentors to youth identifying as LGBTQ. Contracted providers received training and provided information on how to refer youth for such mentors.

The Department partners with the Delaware Interagency Council on Homelessness in efforts to prevent and resolve homelessness for youth aging out of foster care. Also, contracts with former foster parents of foster youth who have exited care and other adults in the community are considered. The IL case manager will assist young adults who have exited care and are not participating in one of the adult living settings in establishing a safe living arrangement. The IL providers will also coordinate with the Division for Developmental Disabilities Services in an effort to secure support services and safe living arrangements for former foster youth with qualifying disabilities. Additionally, the Department will contract with agencies to work with and provide services to dependent youth who are in the juvenile justice system and single parents. The formidable partnership developed between the Department and Delaware State Housing Authority has yielded numerous housing resources for youth who have aged out of foster care. A total of 70 housing vouchers are available or in use at any given time for young adults to assist in attaining affordable housing. The results of a previously conducted survey have shown that youth could benefit from additional housing skill development while still in foster care. Efforts occurred previously to launch a pilot program which would allow youth in care an experiential week of living independently. Although previously unsuccessful due to non-participation, there is intent to revisit the programming in the future. Additional housing options should also be made available in order to better meet the needs of all youth aging out of foster care. Through the results of an RFP, an additional housing program was secured and offers options in Sussex County (previously no transitional housing options were available in this county) and additional housing slots are now available in Kent County. It is important to note that since implementation of the two new sites, positive results are noted for some of the participants, some of whom were prior recipients of deep end services. The NYTD data collected regarding homelessness continues to help guide in the efforts to alleviate homelessness for the youth.

Members from the Nanticoke Tribe are invited to review the coordinated plan. The ILP is included in this review. The Program Support Administrator previously met with the Chief of the Nanticoke Tribe and has shared information and encouraged coordination with the tribe. An invitation to review and partake in coordinated planning occurs annually. To date, interest has not been shown by members of the Nanticoke Tribe to collaborate in planning. DFS continues to solicit input from Youth Advisory Council, community partners, Tribal members, foster parents, case managers, ILP providers, and group home providers.

The Department supports the extension of Medicaid health care coverage to foster youth 18 to 26 years. With the implementation of the Affordable Care Act, Delaware youth are automatically establishing Medicaid as an adult. Identified at age 17 and 9 months, youth reapply for adult Medicaid coverage. Annual recertification is required to maintain eligibility. This is accomplished through confirmation of a Delaware address. Youth are educated on the importance of keeping their address up to date and IL providers assist youth accomplish this. There is no trust fund for foster care youth.

Characteristics of Individuals to be Served:

The program will provide services for foster youth and former foster youth between the ages of 14 to 21. Youth who leave foster care for adoption or kinship/permanent guardianship at age 16 or older are included in the service population.

Geographical Area Served: Statewide

Accomplishments Achieved in FFY2018 By Program Area:

1. Assist youth to transition from dependency to self-sufficiency:

DFS's independent living program has one state level coordinator, a program administrator and an administrative specialist. The state level coordinator position is responsible for program development and coordination, implementation, resource development, training, administrative oversight, technical assistance, and policy development. The program administrator serves in a part time capacity between the independent living program and the foster care program. The position seeks to increase resources and supports to youth served in both programs. The responsibilities relative to NYTD and the monitoring of out of state stipend recipients fall under the purview of this position. This position is fully funded through state dollars. The administrative specialist supports the state coordinator.

DFS contracts with public and private agencies to provide independent living preparation and transitional living services to youth and young adults statewide. The contractors were required to deliver services in accordance with the Department's seven principles for implementing a seamless system of care. The Department operates under the following guidelines:

- Independent living services are provided as early as possible.
- The provision of services will use an integrated team approach.
- Services will provide "real life" experiences.
- Youth will participate in the planning process.
- Programs and services are flexible and promote youth development.

On September 18, 2013, House Bill 163 became law. The provision of the statute known as Ready By 21 enhanced independent living programming and established needs based stipends to youth age 18-21. The stipend program is entitled Achieving Self Sufficiency and Independence through Supported Transition or ASSIST. This program is designed to further support the needs of youth as they transition from traditional foster care to adulthood. Although Delaware considered and evaluated the ability to extend foster care, it was ultimately determined based upon the input of the youth that additional years of traditional foster care would not best prepare the youth for adulthood. Instead this stipend program makes a variety of housing options affordable, including remaining with former foster parents under a rental agreement. The program requires that youth complete six hours of financial literacy training along with a requirement to work, attend school, or volunteer. Youth are eligible for monthly stipends at a maximum eligibility amount of \$1100. Additional benefits of the program are the ability for youth to save a portion of their stipend in an Individual Development Account (IDA). The program is effectively teaching youth valuable budgeting skills. Goals of the program that youth are prepared for self-sufficiency by age 21, experience reduced homelessness, and have improved education and employment outcomes. A

significant aspect of this program is that youth with student loans are able to begin repayment of their loan with the use of the funds. This option offers youth the opportunity to decrease the amount of debt that they are responsible to repay. During FY2017, a total of 215 youth benefited from the stipend program and as of April 2018, 137 youth have benefited from the FY2018 stipend program. Through collaboration with Delaware State Housing Authority, 51 of 70 housing vouchers are filled.

On July 25, 2012, House Bill 269 became law, requiring DSCYF to obtain credit reports for foster youth 16 and older. The law went into effective on January 1, 2013 and required policy changes which were also developed. This law has furthered the efforts of DSCYF to adhere to the federal requirement, which Delaware initiated in November 2011. In addition to meeting the requirement, we also obtain reports for youth ages 14-21. Since January 2015, reports for 445 youth have been obtained. In total, 17 youth were found to have an issue of concern on their report. The majority of these issues were medical debts. In 2017-2018, only 3 issues were found on youth credit reports. All 3 were inaccurate utility accounts which have since been disputed. Monthly batch reports are provided to the community partner, Stand By Me program through the Division of Financial Empowerment of DHSS. Through this collaboration, caseworkers and youth receive support to help correct any findings on the credit report. Additionally, financial coaches are made available to the youth to teach financial literacy. The use of a batch list has greatly improved full compliance with this federal and state requirement. This relieves the responsibility from DFS staff and instead helps the staff to focus on educating the youth and addressing any youth with suspected fraudulent activity on their report. The use of the batch report also initiated Delaware's implementation of the federal requirement to obtain credit reports for 14 and 15-year-old youth.

Supplemental life skills programming for youth ages 14 and 15 was initiated during the summer of 2012. Community partner, Kind To Kids provides the life skills training which covers the following areas: Daily Living, Home Life, Self-Care, Housing, Education, Career Planning, Money Management, and Interpersonal Skills. These workshops are offered to youth residing in congregate care and detention facilities. Feedback from the youth is positive.

Independent living contract providers and the Independent Living Coordinator completed the Daniel Memorial Independent Living Specialist certification in 2016. This 12 module series helped to educate service providers on the unique needs of youth in foster care and provide tools to best meet their needs. The completion of the certification builds competency of our case management workforce statewide. Any new contracted provider staff complete the certification to ensure that staff are well trained and ready to work with transitional age youth in foster care.

Pregnancy prevention is an incorporated focal area of the overall health of the youth. Youth, including males, are educated on the types of contraception and encouraged to select a method should they choose to be sexually active. Youth are informed about resources within the community inclusive of Planned Parenthood. Young adults are assisted in applying for Medicaid and reproductive health is a key aspect of education on such coverage. In Delaware, the vast majority of high schools have Wellness Centers which serve as an additional resource towards pregnancy prevention and reproductive health. Upstream, a non-profit organization, promotes long acting reproductive contraception and educates the community on the options available along with the resources of where individuals can access same day services. Upstream was a vendor at the

annual youth conference held August 2017. Data suggests efforts in this area are effective in maintaining the parenting rate of Chafee eligible youth. The rate of 18% has remained consistent since 2014 and reflects a slight decrease from 19% in 2012.

Foster parents, in both pre-service and in-service training, receive independent living training and information. Pre-service classes educate caretakers about their roles in promoting self-sufficiency for youth and how they mold responsible living skills for young adults. This education is woven into 30 hours of pre-service training requirements for all foster families. Ongoing in-service training provides additional information on independent living coordinators, community supports and direct resources to help caretakers implement independent living skills. Specifically the course titled The Development of Adolescents and the Effect of Child Abuse offers deeper insight into independent living education. Training relative to the needs of youth identifying as LGBTQ is completed by independent living contract providers. Training in this area was enhanced by the completion of the Daniel Memorial IL Specialist certification by all IL case managers. In January 2017, a training was conducted by Big Brothers Big Sisters to update the providers knowledge relative to youth identifying as LGBTQ. Increasing knowledge and awareness regarding sex trafficking has occurred. Training was provided regarding new policy and reporting requirements. Coordination with a community partner Zoe Ministries on trafficking issues continues. Many staff participated in a statewide conference on January 10, 2018, building staff's capacity regarding this critical issue. In May of 2018, the IL program manager visited a day program for trafficking victims located in Philadelphia, PA to determine if a similar treatment model be brought to Delaware.

2. Help youth receive the education, training, and services necessary to obtain employment

Assisting youth in obtaining employment remains a focal component of IL programming. There are challenges to improving employment rates for youth that have experienced foster care. Services to assist youth in this area have included referrals to Goodwill Industries, the Department of Labor, the Department of Vocational Rehabilitation, the Delaware Food Bank, and summer youth employment programs. Additionally, the Kent County contracted provider maintained the Leg Up program which coordinates with local companies to offer summer employment opportunities to youth. The majority of the youth that participate in this program are 14 in order to provide these youth with early training in order to develop their skills.

The fifth annual Job Shadow event is held during the last week of June. The event moved to June as some youth were unable to participate due to school still being in session in May. This annual event provides youth with valuable and realistic experiences and educates the community about the needs of youth in foster care. Potential employers are invited to participate in the event during the month of May to capitalize on various efforts relative to Foster Care Awareness month. Previous youth participants obtained invitations to apply for employment or volunteer opportunities. Youth feedback was quite positive, with youth sharing how the experience helped bring about awareness that has helped in their decisions regarding future careers. Since 2011, West End Neighborhood House offers a social enterprise entitled, Bright Spot Ventures (BSV) to specifically train youth in business development, business application, and soft skills. The initial business that was created was an online bookstore. The endeavor has grown to also include a fresh food market component. Youth are matched with local produce growers, help to develop marketing

strategies, and select/sell the products each week at the community market. This employment program has also grown through a partnership with DHSS, wherein participants now utilize a greenhouse on a DHSS property and locally produce floral and produce items. An important component of this enterprise is the training and development the youth receive. The youth are given expectations and receive effective counseling on inappropriate employee related behaviors. There are consequences similar to a professional position, but only after several learning opportunities are given. Youth are also allowed to re-interview in those instances where termination has occurred and must communicate what they have learned from the experience. The training program also includes an externship with supporter Barclays Bank being the primary site for the culminating experience. The printing company PopDot in conjunction with Sir Speedy employs youth that have completed the BSV program. Last year, West End opened the program to all youth in New Castle county as opposed to only those served by their agency. This will provide further employment opportunities in the county where over half of the eligible population resides.

The contract with Jobs for Delaware Graduates (JDG) continues to increase the employment and training services to youth ages 16-21. This program is part of the national organization entitled Jobs for America's Graduates. The national program generally provides academic and employment training supports to youth in a high school classroom setting. A community based case manager provides youth with a career and education assessment, assistance with resume writing, job readiness training, and employment placement/retention assistance. These services are currently available to 40 youth residing in Kent and Sussex Counties. Of all youth active with independent living during 2016, 26% of youth had part time employment and only 10% had full time employment. This service continues to yield positive results as evidenced by the increased number of youth that obtain and maintain employment. JDG's statistics as of March 2018 show there are 35 youth in the program and 36% have employment history since July 2017. Additionally, 44% with employment history have 90+ days of employment.

A new program entitled Generations began last year. The program provides free training in customer service and certified nursing assistant certifications. Following a presentation to contracted providers several youth were enrolled in the program and continue to find it to be a good employment training resource. Graduates of this program are guaranteed employment.

3. Help youth prepare for and enter post-secondary training and educational institutions:

The partnership with Delaware State University continues to provide college education to eligible youth through combined funding measures and housing vouchers. Year-round housing and on campus supports are available to the youth. Three youth were supported during the 2017-2018 school year. An additional four students enroll at DSU for the 2018 fall semester. Supports include financial assistance, year-round housing supports, and university life guidance and supports. Through the MOU signed on February 14, 2011 this opportunity is afforded to 2 youth a year until a maximum of 8 youth are in the program. A key partner in this accomplishment is DSHA. Through the use of a state funded housing voucher the current three youth were able to receive rental subsidy vouchers to cover the dormitory housing costs. The additional four incoming students will also apply for the rental subsidy. Efforts to expand the program to the University of Delaware occurred again this year, however there remains a barrier to providing the year round

housing which is a critical programmatic component. Efforts to implement this program will continue. Three youth graduated from DSU since program inception.

A new program entitled, Year Up which focuses on specialized programming for individuals less likely to go to college began in 2017. Several youth in New Castle County were referred to the program operated by Peirce College. Year Up Wilmington offers an intensive, one-year program for college students, ages 18-24, combining professional coaching, hands-on skill development, and internships at some of America's top companies. Students have access to the library, tutoring resources, and other services offered by the college, in addition to the services offered by Year Up. As students work toward completing a degree at Peirce College, Year Up Wilmington provides them with professional development and work experience, preparing graduates to launch a meaningful career. Students also participate in an internship at a Fortune 500 company and receive a stipend while attending.

In 2018, the Delaware Community Foundation, on behalf of an anonymous donor, offered a scholarship to aged out foster youth attending a trade or vocational school. Two youth were selected to receive the scholarship.

DFS administers the distribution of Education and Training Vouchers; policy and guidelines are in development with contracted agencies to assure a fair distribution of the available ETV funds, while allowing for individualized decisions tailored to best support the needs of the individual student. Thirty-three (33) young adults received ETV funds during school year 2017/2018; 16 were new applicants.

4. Provide personal and emotional support to youth through mentors and the promotion of interactions with dedicated adults:

The IL contracted agencies help youth identify supportive adults. Additionally, the Job Shadow event serves as a means to help connect youth to mentors within their career interest fields. As individuals within the community express an interest in mentoring youth, such connections are made. From the most recent statistical reporting available (CY2016), 328 of 345 or 95% of foster youth receiving IL services reported having at least one adult in their lives for emotional support.

A strong mentoring resource available to the youth currently is the Independent Living for Young Adults (ILYA) program through the First Unitarian Church. The members of this congregation provide supports inclusive of apartment kits, care packages, furniture, crisis funding and a graduation party. The youth that participate in the care package program receive encouragement and support from the donor throughout the year to help promote their success. The graduation party also seeks to help connect the youth to the supports offered by this group.

The Delaware Youth Advisory Council continues to maintain its membership and influence. Each month, the advisory council meets and includes statewide representation. Approximately 25 youth attend monthly meetings. The Independent Living Program Manager has oversight responsibilities of the council and attends each meeting. The youth continue to serve as the representative voice of foster youth. During the past year, Family Court and DFS used focus groups and surveys to obtain the youth perspective. The youth poignantly and effectively convey the challenges and

successes they experience, guiding court and agency direction. Events during the reporting period include the annual youth conference and recreational outings. The youth conducted a successful 2017 conference with just under 100 attendees comprised of professionals and youth.

5. Provide financial, housing, counseling, employment, education, and other appropriate services and support to former foster care recipients between 18 and 21 years of age:

Contracted IL providers negotiate with landlords to provide month-to-month leases for former foster youth who may not have otherwise been approved for housing. Host Home Agreements remain available to youth. Thirty Family Unification (VUP) vouchers and 40 State Rental Assistance Program vouchers are available through a partnership with DSHA to serve aged out foster youth. To date, 51 of the 70 vouchers are distributed. Delaware maintains a policy that youth are able to apply for Section 8 housing beginning at age 16, allowing youth to be on the waiting list and eligible to receive a housing choice voucher upon exit from care. The federal provision to increase FUP voucher time from 18 months to three years helps prevent homelessness. Additionally, DSHA was approved as a pilot program to make the FUP vouchers available for additional two years for those youth that elect to participate in the Move To Work program. It is anticipated that this additional time is effective helping youth to further their education and employment. As of April 2018, eleven former foster care youth received permanent housing services designated for youth with mental health diagnoses. Transitional housing resources were maintained via a contract serving females in Kent and Sussex Counties.

Employment resources are provided through various community collaborations. Youth are referred to the Challenge Program which assists in educational and vocational certification attainment. Additional employment resources are available through Goodwill Industries programs. Summer youth employment opportunities are afforded to a number of current and former foster youth. The contract with JDG also offers additional employment resources. Reporting from this contracted agency shows 35 youth active in the program as of March 2018.

ILYA provides numerous services to youth inclusive of college care packages, delivery of donated furniture, holiday gifts, and rental supplements. Additionally, ILYA conducts an annual event that recognizes the accomplishments of those youth completing high school or GED requirements.

Crossroads Counseling Services, Jewish Family Services, Connections Community Support Programs, Inc., and Aquila of Delaware, Inc. provide drug and alcohol abuse and mental health services for youth. Through a partnership with the YMCA, youth exiting foster care are eligible for a one year membership. Similarly, membership privileges are available to transitional living participants. This benefit extends to youth mentors, allowing the mentor and mentee to have a resource to interact at a designated community site.

Extended jurisdiction legislation was signed on July 15, 2010. This law provides continued oversight by the Family Court for youth 18-21 and assesses the appropriateness of independent living services. An order for extended jurisdiction also allows for continued representation by a Child Attorney or a Court Appointed Special Advocate. As of December, 2017, there were 44 youth with an open extended jurisdiction case.

Stand By Me continues to offer financial coaching for those youth utilizing a housing voucher. This component assists youth develop stronger budgeting and money management skills to achieve positive rental history and prevent evictions. This service is available to all youth in the independent living program, but is an expectation of those that have housing vouchers.

The Delaware Interagency Council on Homelessness continues to utilize a centralized intake system, providing a streamlined homeless services system. The system started in January 2014 and encountered its share of challenges. The council has worked diligently to assess the needs for improvement and has made changes recently to thwart additional challenges.

Delaware continues to fulfill NYTD reporting requirements. Offering financial and case management services promote ongoing contact necessary to meet follow-up survey standards. Currently, Delaware is conducting 21 year old surveys for cohort 2 and met data quality standards for the FFY2018A file. FFY2015 data states the most commonly received services for young adults is housing education, home management, finance management and career preparation. Forty-seven percent of cohort one 21 year olds (FFY2015) report having a high school diploma or general equivalency diploma compared to 67% for the national population.

Delaware continues contracted services to help youth apply for adult SSI/SSA benefits as they approach age 18. FOCUS contains referral functions for vendor evaluation of eligible youth. IL providers assist youth with any necessary follow up.

Planned Activities for 2018/2019:

Delaware continues to provide a strong array of life skills trainings, employment readiness, educational supports and social events to the adolescent foster care population. The independent living program manager and independent living and foster care administrator will provide statewide training for all adolescent treatment and permanency workers and group home staff to provide an overview of independent living services available to youth. This training will be incorporated in to the Delaware Learning Center so that it is available to all staff, at any time. A variation of this training will also be made available for all who work with adolescents (foster parents, relative guardians, adoptive parents, etc.). The provision of the ASSIST program has created valuable learning experiences and financial supports; during the next year DFS seeks to add youth to the program. A pilot program to support youth at the University of Delaware will be pursued. The program will mirror the program operating at Delaware State University since 2010. The agency will monitor applicable provisions of the Preventing Sex Trafficking and Strengthening Families Act. Participation in training related to sex trafficking will occur as events are available. DFS will seek additional partnerships with community centers, extra-curricular organizations, schools, and civic organizations to increase opportunities for youth participation. The Kind to Kids community organization remains a key partner in this area. The organization provides tickets to youth to various community events, including plays, sporting events, and outdoor activities. Another partner to help youth have important experiences is One Simple Wish. DFS will host the Destined for Greatness event in collaboration with One Simple Wish.

Plans are for the Self Sufficiency Benchmarks Guide be finalized and implemented during the coming year. This will better ensure that appropriate skill development occurs and that designated parties fulfill the responsibility to assist the youth in the skill development areas. Implementation

includes training to ensure that all parties are aware of the issues facing adolescents preparing for independent living. The new child welfare information system went live in February of 2018. The Independent Living Coordinator continues to monitor post-implementation processes. This is crucial as preparation begins for the NYTD review. DFS monitors information system processes and quality to maintain compliance. Once the review date is set, communication with community partners will be shared in order to prepare for the review. Internal NYTD data analysis informs program decisions, budgeting and performance measures.

Plans are for the MOU between DSCYF, Delaware State Housing Authority, Department of Health and Social Services, Department of Education, Department of Corrections, and Department of Labor be completed this year. This MOU will help to better align the service delivery of youth as they transition into adult related services hence removing barriers to improved outcomes for the youth.

**APPLICATION FOR FFY2019 EDUCATION AND TRAINING VOUCHER (ETV)
PROGRAM SPENDING PLAN**

FFY 2019 Budget Request for Grant: Education and Training Program

Contractual **86,937**

DFS distributes funds directly to colleges, training programs, through five contracted independent living agencies or eligible youth. Funds can be for college tuition and fees, supplies and equipment, books, room and board, transportation, dependent care, and other costs associated with completing a training or educational program.

Tuition and Fees	38,000
Supplies and Equipment	10,000
Room and Board	33,754
Transportation	3,000
Dependent Care	1,922
Audit Fees	261
Federal Funds	69,550
State Matching Funds	17,387

TOTAL STATE AND FEDERAL FUNDS **86,937**

Proposed Activity: Education and Training Vouchers

Provide youth who are enrolled in a postsecondary education or training program with needed funds to assist with completion of the educational or training program.

Amount of Federal Funding: \$69,550

Characteristics of Individuals to Be Served:

Young adults attending post-secondary education and vocational programs

Geographical Area Served:

Statewide

Objectives and Results Expected:

Successful completion of post-secondary education and vocation programs